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LECTURES

ON

HUMAN EMBRYOLOGY,

ILLUSTRATED BY COMPARATIVE ANATOMY.

Delivered at the Jardin des Plantes, Paris, 1835.

BY M. FLOURENS.

LECTURE III.

EPIGENESIS AND EVOLUTION.—THE GENERATIVE ORGANS.

GENTLEMEN,—In my two former lectures, I endeavoured to lay before you the object of the course which I propose to deliver this season, to impress your minds with the spirit which will direct it, and above all to make you feel the vast importance of comparative anatomy when we wish to study the history of man. To-day we propose taking up the subject of generation—a subject frequently agitated, and discussed at length in the works of all naturalists and physiologists. The pains bestowed upon the elucidation of this question, and the perseverance with which it has been followed up, show how deeply we are all interested, how highly the human mind is excited, by the pursuit of the knowledge of the origin of organized beings; but what subject is more mysterious, what portion of natural history is surrounded with more obscurity?

You are not however to expect, on the present occasion, that I shall take up and discuss the hundred theories by the assistance of which authors have attempted to explain the grand phenomenon of generation; we should be compelled, in fact, to quote as many theories as authors, and to take up the greater part of your time with the fruits of brilliant imaginations, rather than submit for your consideration and judgment theories founded upon facts from which they receive a greater or less degree of probability.

Thus we find in the works of the ancient physicians, particularly HIPPOCRATES and GALEN, that a "generative force' presides over the admirable arrangement of molecules which are afterwards to produce the organized being, and that a molecule taken from each single part of the body, male and female, goes to form the male and female semen, which are amalgamated together in the cavity of the uterus. We shall not devote any more time to the examination of the theory of generation, although it is still defended by many able physiologists. It is sufficient to remark, that we are at the present day convinced the female does not produce any fluid resembling semen during the act of copulation, and that the humidity and moistening of the parts during coition is nothing more than a mucous secretion emanating from the lining membrane of the vagina, and from two small glandular bodies which an old author (BARTHOLIN) called the female prostate.

Is it necessary to draw your attention at any length to the system which advances that the germ is formed after the manner of a crystal—of primitive molecules uniting to each other in virtue of a force analogous to that which governs chemical compositions? I shall here merely content myself by asking the advocates of this theory, if any one has ever actually observed a similar arrangement, or of what these primitive molecules consist—how they are formed? &c. Without doubt they were pre-existent, and hence this theory is comprehended under that of epigenesis, which shall at present form the subject of our consideration. I do not, moreover, propose to discuss the other systems of generation which you meet in books, for they all come under the two divisions of epigenesis and evolution.

System of Epigenesis.—The authors of this system suppose that a force, unknown in itself, but still very different from that which presides over the formation of inorganic bodies, a force from which results the creation of a living being, and hence is denominated "cosmique," generative, &c., gives rise to the generation by bringing together certain molecules which had previously a dispo-

sition favourable to the formation of the being; to this let us add, that the new individual is composed of portions which merely unite by juxta-position, and you will have a general idea of the system of epigenesis. I do not intend at present discussing the various doctrines of which this system forms the base, much less do I intend entering into an examination of the system itself; I would merely notice that amongst the ancients HIPPOCRATES and ARISTOTLE, amongst the moderns WOLF, BLUMENBACH, LAMARCK, BUFFON, &c., have endeavoured to explain the mysterious act of generation by means of this doctrine. HIPPOCRATES admitted two kinds of semen, the result of the superabundance of our aliment. According to ARISTOTLE it was the menstrual blood, and not the female semen, which co-operates in generation, and receives vitality from the principle of the male. DESCARTES says, the individual commences to live by a movement of fermentation, and BUFFON appears merely to repeat the idea of HIPPOCRATES, when he speaks of his "organic molecules," &c.

As you may have already remarked, this system is nothing more than a reproduction of the idea of crystallization, and we oppose to it the same objections as to the former. How, in fact, can we suppose that molecules can unite in juxta-position in the manner described, when, if we watch the growth of the fœtus, we see the various parts mutually depending upon one another, produced, as it were, one from the other, at fixed periods of gestation, and in an order which is determinate for each species of animal. At a later period of the course, when we shall have to speak of the development of the embryo, we shall notice more at length the objections that may be brought forward against this theory; for the present suffice it to point it out to you.

If we study embryology with any attention, we shall soon convince ourselves that at a certain period of its existence the fœtus consists of nothing but a small mass terminating at one extremity in a little tubercle, the first vestige of the head, and at the other ending in a species of tail which at a later period is to form the inferior extremity of the vertebral column At this period of gestation it is impossible to perceive any trace of appendix, but as pregnancy advances we see all the parts which are to constitute the extra-uterine individual, gradually developing themselves: first of all four small eminences appear at the points where sometime afterwards the thoracic and abdominal members are to be formed; these tubercles assume a growth which, in the study of embryology, we are able to follow through all their phases of development, and terminate by transforming themselves into upper and lower extremities. The same holds good with respect to the other parts of the body—the eye for example, where we can see the several parts constituting this organ arrive, at periods differing from each, and proceeding exactly like the extremities, in so far as regards development. Now, if we admit the system of epigenesis, we must at the same time admit that all the parts which compose the fœtus unite in juxta-position like crystalline molecules, and that the tubercle which we can scarcely perceive, encloses all the parts that are afterwards to constitute the limb.

It is not, on the contrary, manifest in the example noticed that the limbs have proceeded from the trunk, and can we believe that they are primitively formed, and afterwards joined to it? Such an opinion does not seem to me admissible, and the facts which we have just cited are all in favour of the system of evolution. We are aware that latterly much stress has been laid upon the manner of formation of the osseous system, as supporting the theory of epigenesis; here, say its advocates, all the parts of the calcareous phosphates composing the bones in the mammalia, dispose themselves in an admirable order, and constitute by their juxta-position the osseous system. But this argument is, in my mind, no ways conclusive; the osseous system appears at a very late period, and in a tissue already formed is completely dependent upon that tissue, or at least upon the vessels destined to carry to it the calcareous phosphate; hence this phenomenon of the formation of bone does not result from simple juxta-position; like all the other tissues it is dependent on the heart, and observe how, like the rest, it passes through its several stages of development. At first, for a certain time, in the state of cartilage, it then becomes opaque and yellow, and at last the earthy matter is deposited in its parenchyma; but remark that this takes place only consecutively to the arrival of blood in the cartilaginous mass which is to become ossified; this latter process can never take place if any cause should occur to abstract the cartilage from the action of the heart. Here, then, there is evidently a phenomenon quite different from simple juxta-position of molecules, and ossification, so far from giving any additional probability to the system of epigenesis, is, on the contrary, one of those which we would cite against it; one infinitely more favourable to the system I now proceed to notice.

System of Evolution.—Before passing to this system, we ought perhaps to enter into a more detailed explanation of the various theories which are attached to it, and to have sought to refute them by facts; thus the theory of the great BUFFON might have served us for a text, as well as that of the learned LAMARCK, men who would never have acquired any title to our esteem or admiration if they had always confined themselves to mere theory; but you must reflect that the limits of a course like the present prevent us from entering into any lengthened discussions of this kind, and we must content ourselves with a simple citation of their theories, recommending you to the authors themselves, if you are desirous of studying their opinions in a more complete manner; we might, indeed, have explained various other theories of generation, for theory abounds in this part of the science.

The system of evolution, Gentlemen, is that in which naturalists pretend that the new individual pre-exists in a complete state of formation, and that, vivified by means of the act of copulation, this miniature (pardon me the expression) commences to pass through the different phases of development which are to enable it ultimately to form an independent individual.

Do not expect, however, gentlemen, that I can discuss upon this occasion all the facts which writers have brought forward in favour of this system, or that I shall pass in review the successive labours of HARVEY, who first laid down the axiom, "Omne animal ab ovo," of STENON, DE GRAF, and of all the physiologists who have occupied themselves, with more or less success, on the great problem of generation. It is only when the course shall be nearly finished, and when you shall have been fully acquainted with all the organs which concur in the act of reproduction, that we shall expose in some details the arguments of the great men just named, and who, let us say by anticipation, have induced us to incline towards their opinion. We do not by this intend to sustain, that the system of evolution does not offer some points difficult to be surmounted, for example this, that the formation of beings must be thrown back to an infinite period of time. The encasement of germs also appears to us susceptible of objection, but when we think on the labours of SWAMMERDAM and others, who have found in the crysolide not only the parts that are afterwards to constitute the papillon, such as the wings, antennæ, &c., but also the ovum that was to give birth to a new being; if, again, we consider the animal in which a single copulation is sufficient to impregnate nine or ten successive generations, we shall be compelled to confess that the theory which unites most probabilities in its favour, is that of evolution. But in 1674, the theory we speak of seemed for a short time no longer to satisfy the wants of the science. LEWENHOECK, and some other physiologists, discovered in the semen some small animalculæ, which they believed were animated with life, and which they denominated "spermatic animalculæ;" and hence arose a new theory of generation, that of spermatic animalcules, who, by a series of metamorphoses, were supposed to form the new individual. But did not SPALANZANI succeed in fecundating ova with semen completely deprived of those animalcules which the authors above named regarded as beings that, by a series of changes, were to constitute the new being. We propose at a future period to examine more in full this word metamorphosis, which some anatomists have adopted in all seriousness. We shall at the same time examine in detail this system, which has been so much disputed in natural history; for it is only then that we can recur with propriety to the opinions and experiments of HARVEY upon this subject, and to those of the great and laborious HALLER, who adopted the system of evolution. Finally, let us observe, that the most enlightened of modern philosophers, CUVIER, professed the system of evolution as the most probable.

This is all that we can for the present say upon a theory, by the aid of which its authors endeavoured to explain the mysterious act of generation. Physiologists are not all agreed upon its several points, but they all concur in admitting two species of generation, that by ova, and that by buds. We shall now pass to a description of the male and female reproductive organs.

The male generative organs are the following:—1st. The testicle, or secretory organ of the semen; 2nd. The vesiculæ seminales, a peculiar organ or reservoir for the deposit of the semen; 3rd. The penis, or organ destined to introduce the prolific fluid into the interior of the female.

The female generative apparatus is composed of,—1st. The ovary; 2nd. The oviduct, or fallopian tube; 3rd. The organ of gestation (uterus in the mammalia); 4th. The vagina, a conduit establishing a communication between the latter organ and the exterior.

The only part of the generative apparatus in man which is essential is the testicle, all the rest is merely accessory, and

you will presently see, as we advance in the study of the reproductive organs in the various species of animals, how the other parts may completely disappear, without in any way compromising the act of fecundation.

The testicles in man are two ovoid bodies, placed in the abdomen during the greater part of intra-uterine life, but after birth found externally to the abdominal parietes, below the pubes and penis; this body is enclosed in six tunics, which we shall enumerate and study in their order, commencing from the exterior. They are as follows:—1st. The scrotum; 2nd. The dartos; 3rd. The cremaster; 4th. Fibrous membrane; 5th. Tunica vaginalis; 6th. Tunica albuginea.

The scrotum is a prolongation of the skin covering the thighs and perineum, and which forms a sac enveloping both the testicles in common. In man this part of the body is covered with a few straggling hairs, and marked by several rugosities, which become effaced when the skin is distended. The external surface, I said, is covered with a few hairs; let me add that these hairs are implanted obliquely, and that their bulbs project beyond the epidermis. We likewise see on the scrotum a line extending anteriorly as far as the extremity of the penis, and, posteriorly, to the margin of the anus; it thus divides the skin of the scrotum and perineum into two equal portions. The inner surface of the scrotum is united to the dartos by condensed cellular tissue, and its skin is much thinner than that clothing most other parts of the body; it is of a dark-brown colour, and encloses in its substance a great number of small sebaceous glands.

The next membrane is the dartos, a fibro-cellular layer, and not at all of a muscular nature, as some anatomists have repeatedly asserted, attributing the vermicular motion of the scrotum to the muscular fibres contained in the dartos. This membrane, formerly regarded as a sac, common to both testicles, presents the following disposition:—Each dartos (for there is one for each testicle) is attached along the inner edge of the branch of the pubis and the ischium; from this point it descends obliquely, from without inwards, as far as the median line, which we have described on the inferior surface of the scrotum: it adheres more strongly to this part of the external covering than to any other, and continuing to envelop the testicle, becomes applied against the dartos of the opposite side, and ascends with it to the inferior surface of the urethra, forming a septum, which separates the two testicles.

The tunica erythroidea is formed by the expansion of the fibres of the cremaster: this is enough to indicate its muscular nature, and to its contractibility we must attribute the wrinkles which are observed on the scrotum, and the ascent of the testicle towards the inguinal ring under certain circumstances. The use of the cremaster is therefore to sustain the testicle, and communicate during the act of copulation a slight pressure which favours the ejection of the seminal fluid. It arises from the fibres of the internal oblique muscle, near the anterior superior spine of the ilium, traverses the inguinal ring, concurs in the formation of the chord, and terminates in a membranous expansion upon the external surface of the tunica vaginalis. The vaginal or elykoide membrane is a true serous tissue which envelops the testicle: it has, consequently, two surfaces, applied one against the other, and forming a sac, without any opening like the other serous membranes; one of its surfaces is covered by the erythroid layer, the other lies upon the testicle. But to the coverings just named, some anatomists add another, viz., the fibrous; this is formed by a layer detached from the tunica vaginalis, of a fibrous nature, and analogous to the one which strengthens the serous membrane of the pericardium. This membrane is evidently a dependence of the peritoneum, which is drawn downwards by the testicle in proportion as the fœtus advances towards term, and at length, having traversed the inguinal canal, becomes separated from the peritoneal serous membrane, and forms a new serous sac. However, this descent of the testicle is not absolutely necessary, and when we come to speak of the fœtus in man and some other species of animals, we will prove it to a demonstration.

The tunica vaginalis embraces immediately the testicle, and this organ is actually contained in the cavity which it forms; the internal surface is very closely united to the internal layer of the tunica vaginalis which covers it: near the superior edge of the testicle it is in connexion with the epididymis and spermatic vessels: the internal surface sends in several prolongations of a membranous aspect, which penetrate the substance of the testicle exactly as the membrane covering the liver sends in prolongations into that organ: the tunica albuginea is whitish, slightly transparent, and somewhat thick at the portion corresponding to the corpus highmorianum.

These, gentlemen, are the general remarks we have to make upon the envelopes of the testicle: you know what the principal object of our course is, and you can-

not therefore expect that we should dwell at greater length upon points that enter under the domain of elementary descriptive anatomy: however, before terminating, let us recal to your memory the tissues which furnish the different envelopes of which we have spoken. The scrotum is evidently a prolongation of the cutaneous envelope: the dartos is continued from the subcutaneous cellular tissue (the fascia superficialis); the erythroid membrane is given off by the internal oblique and transverse muscles: the fibrous is surrounded by the subperitoneal cellular tissue: the tunica vaginalis is merely a process of the abdominal peritoneum; and the albuginea is the proper membrane of the testicle.

EXTENSIVE DISORGANIZATION OF VISCERA,

WITHOUT FOR A LONG TIME DESTROYING LIFE.

To the Editor of THE LANCET.

SIR,—The following report of a Medico-legal investigation which occurred in this neighbourhood about ten days since, may not be unacceptable to your readers, as the post-mortem examination was rather interesting.

I am, sir, your obedient servant,
J. L. M'CARTHY, M.D.
Macroom, May 21, 1835.

A coroner's inquest was held in this town on the body of a man named Walsh, who had for the last thirty years been one of the sheriff's bailiffs for this county. Walsh, the deceased, came out to the parish of Kilnamarten in this neighbourhood, for the purpose of executing some order from the sheriff, and having satisfactorily arranged his business, he stopped at the house of Timothy Kearney, a farmer in this parish, and an old friend. Walsh was suddenly taken ill during the night, and died at four o'clock next morning.

By the direction of a magistrate, I went with the chief constable of police and examined the body ten hours after death. In the examination I was assisted by Mr. Field, apothecary, residing in this town. The body was brought into Macroom and an inquest held on it next day, when the evidence given by Kearney, at whose house the man died, and also by a beggar man who spent the night at the same house, was to this effect.

The deceased came to Kearney's house in the afternoon, previous to the morning on which he died, at about six o'clock; he was to all appearance quite well and in good spirits. He supped with the family at eight o'clock, and chatted with his old friend until ten, when all the family were preparing to go to bed. He was then suddenly attacked with a violent pain in the abdomen, and with inclination both to go to stool and to micturate, neither of which acts however could he accomplish. He was then placed before the fire on some straw, and his abdomen was stuped with woollen cloths wrung out of hot water. This treatment was continued for an hour without producing any good effect. Walsh then told the people of the house, "that if he got an injection it would relieve him, as it did once before;" but there was no apparatus for that purpose nearer than Macroom, which was three miles off, but to which place a messenger was dispatched for a clyster bag; but before it arrived, the patient was dead. It was stated that during his illness the deceased vomited but once only.

The external parts of the body, when I examined it, showed no mark of any kind except the discoloration from stagnation of the blood in its dependent parts. A little frothy bloody saliva escaped from his mouth. The abdomen was excessively enlarged, and sounded, when tapped with the points of the fingers, as loud as a kettle-drum. When this cavity was opened, an immense quantity of most intolerably fetid gas made its escape; and an extensive mass of disease presented itself to view. The sigmoid flexure of the colon and the left part of its transverse arch, most enormously distended, occupied the whole of the front of the abdomen, completely veiling all the other parts contained therein.

This intestine principally contained gas, with a small portion of fluid, grumous, feculent matter, of a bloody appearance. The coats were in some places of a bright-red colour, and presented every variety of shade, from that colour to a dark dirty-reddish green. The three tunics of this gut were converted into a soft pulpy matter, through which the finger might be passed with the greatest possible ease. The rectum was also unnaturally enlarged, and so much disorganized from disease, as to have given way in two places, permitting the escape of its contents into the cavity of the peritoneum, causing the inflammation of that membrane, which proved fatal. The mucous surface of the rectum was ulcerated in four places, two only of which had completely perforated the intestine. The edges of the ulcerations were not regular, but they were deep towards the centre of the sores. The

external openings of the perforated parts were extremely irregular and jagged at the edges, presenting the appearance of having suddenly been burst. One of these ruptures was situated about seven inches from the anus, and the other existed at the junction of the rectum with the colon.

A scirrhous stricture of the rectum was discovered, situated about three inches from the anus, presenting a ring of mucous membrane and subjacent cellular tissue, so much altered in structure and thickened, as almost completely to block up that passage. In some parts it was semi-cartilaginous in its composition. On the mucous surface of this stricture were several ulcerated slits, or fissures; some of them running in a direction with the long diameter of the intestine, and others having a spiral direction, and intersecting those others. The extent of the stricture was three-fourths of an inch, and the gut above the stricture was thrown into large pouches.

The large omentum was completely shrivelled up, and formed into a kind of rope, lying across the lower edge of the stomach. In many places the peritoneal surface of the small intestines showed strong evidence of severe inflammatory action, as also did the peritoneal lining of the abdominal parietes. Small pulpy shreds of lymph were scattered about, and loosely adherent to the parts on which they were situated. The mucous coat of the small intestines did not present any diseased appearance, except slight vascular enlargement of some of the mucous cryptæ or glands.

The cæcum and right side of the colon were but slightly affected. The stomach was healthy, the mucous coat towards its fundus being only a little engorged with blood, giving it a dirty-red appearance. The liver was smaller than usual; its surface was of a deep dirty-greenish colour; when cut into, its colour was natural, but its substance was firm, condensed, and heavy for its size. The kidneys were normal in their structure.

The cavity of the abdomen contained about 6lbs of a bloody fluid, mixed with feculent matter, and of a most detestable smell. I could not get the odour of it off my hands for nearly two days, and only then by repeated washings, which almost deprived them of cuticle.

In the thorax, the heart and its envelope were quite healthy, but both lungs were much condensed and engorged on their posterior or dependent parts. The trachea contained a quantity of frothy mucus mixed with blood, the result of the extreme agony and struggles of the patient while dying.

The brain and its membranes were healthy; a small quantity of serum, about a drachm, was found in the ventricles. The veins and sinuses contained much blood. The verdict of the Jury was "Died by the visitation of God."

I had a conversation with some members of this man's family who attended the inquest, and they told me that the deceased had been much in the habit of drinking large quantities of raw whiskey; but they stated that his general health was good, only that he sometimes complained of "pain and soreness in the bottom of his belly." He never was by his health incapacitated from doing his duty as bailiff, as his illness lasted only a very short time, and was extremely slight.

This case is an additional confirmation of the fact that extensive disease, and that of long standing, may exist in the intestinal tube without producing any severe symptoms, or even much inconvenience to the patient, until it causes the fatal termination.

CASES OF STONE

TREATED WITH

LITHOTRIPTIC INSTRUMENTS.

To the Editor of THE LANCET.

SIR,—I beg to forward to you reports of three cases of calculus in the bladder Treated successfully by lithotripsy, and to request their insertion in your valuable Journal. I have the honour to be, Sir, your obedient servant,

HEURTELOUP, Baron, M.D.
18, Holles-st., Cavendish-sq.,
May 16, 1835.

CASE 1.—*Patient 70 Years of Age—Several Calculi—Sacculus in the Bladder—Modification of Percuteur to meet the Case—Six Applications—Recovery, since nearly* 18 *Months.*

Mr. Richard Julian, seventy years of age, tall and stout, but of rather a weakly constitution, occupying a situation in the Treasury of Ireland, observed that for about three years he was in the habit of voiding bloody urine after taking exercise either on foot or in a carriage. After a time this evacuation of blood was accompanied with great pain, which became so severe and constant, that he was induced to consult Mr. Colles of Dublin, who sounded twice, and ascertained the presence of a stone in the bladder. At the joint recommendation of this gentleman,

and a friend of the patient, Capt. Armstrong, whom I had cured of the same complaint three years previous, and who is still (five years after the operation) in perfect health, Mr. Julian came to London and applied to me. I sounded this patient on the 31st of October, 1833; the bladder and urethra were in a tolerably good state, but bled at the mere contact of the catheter; the contractility was such, that four ounces of water were retained with difficulty. There were several calculi in the bladder, varying from about thirty to forty lines in circumference. The collision of these was very distinct in sounding. It was not possible to move them about in the bladder, being only able to level them with the convexity of the catheter, and not to pass the instrument underneath them.

I performed the first operation on the 4th of November, and employed the *percuteur*; the calculi appeared all situated in a sort of depression or saculus, and being pressed one against the other, it was very difficult to pass the branches of the instrument between them, which is absolutely necessary before one can be seized. After having made two or three fruitless attempts to seize a stone, I considered that it would be more prudent to desist, and employ an instrument more suitable to the anomaly which I suspected. There appeared to be a sort of collar or ridge to this saculus, which projected, more especially during the contraction of the bladder, and rendered it difficult to seize the calculi without also laying hold of the bladder. Having confirmed my opinion on this subject, by further and suitable examinations, I considered that by employing a *percuteur* with the immoveable branch rather long, and the branch that moves very short, I should much facilitate the action of grasping the stone, and do away with any risk in the attempt; for whilst the small branch acted so as to seize the stone, the long branch would keep away any portion of the bladder.

This instrument I am happy to say did realize my expectations, for in six short applications the difficulties of the case were entirely overcome, and the patient was restored to perfect health.

This case affords a proof, that notwithstanding an anomalous conformation of the bladder, a considerable quantity of calculus concretion may be removed by lithotripsy; difficulties of this nature are often met with, but not to so great an extent. It also shows the importance of well and carefully considering the nature of the case in making use of lithotriptic instruments, and seeing that they are suited to the peculiarities which may present themselves. Serious consequences might have resulted had I persisted in the employment of the *percuteur*, as usually constructed. The varied and numerous anomalies which may occur, require different means of surmounting the difficulties which are produced. Lithotripsy, therefore, must be considered as an art, replete with important and interesting particulars, and not merely as a means of curing a complaint, which remains the same whatever be the nature or difficulties of the case.

Mr. Julian was operated on more than a year and a half ago, and still continues quite well. The operation was performed in presence of Mr. Quin, of *St. Bartholomew's Hospital*; Mr. Smith, a friend of the patient; and Mr. Biggs.

Case 2. *Patient aged* 63; *two large flat calculi; three applications; recovery, since nearly* 20 *months.*

Mr. Elwick, from Higham Ferrers, Northamptonshire, 63 years of age, of a good constitution, having enjoyed almost uninterrupted good health, has voided, for nearly twenty years, at different intervals, but with little or no inconvenience, gravel resembling lentils, but rather more elongated. For the three years previous to his applying to me he had ceased voiding them; but from that time he observed symptoms of stone in the bladder. I sounded Mr. Elwick on the 13th Sept. 1833; the urethra was moderately capacious excepting at the orifice, the bladder of good size and dilatable, but irregular at the *bas fond*, where there were two flat calculi, about as large as walnuts, but not easily moveable. The patient voids his water rather frequently and in small quantities. The first operation was performed the 18th September. The bladder not being very irritable I was able to continue the action of the *percuteur* for six or seven minutes, so that in three applications the calculi were entirely removed.

The feature worthy of remark in this case is the rapidity with which the cure was completed, although the calculi were of considerable size. This may be accounted for by the small degree of sensibility, and the facility which was consequently offered me of rendering the operations of longer duration than usual. This quiescent state of the bladder would also account for the patient feeling so little inconvenience from the presence of two considerable calculi in his bladder; but may not this latter circumstance be in part attributed to the flattened shape of the stones? Since the month of September, 1833, Mr. Elwick has enjoyed perfect

health. Mr. Elwick's son and Mr. Biggs were present at the operations.

CASE 3.—*Patient aged* 63; *good constitution*; *four applications*; *complete recovery*, *since* 18 *months*.

Mr. Branfill, of Walthamstow, 63 years of age, of a good but rather plethoric temperament, had experienced, for about five years, occasional pain in the loins, and some time after commenced voiding gravel of a reddish colour. Three years after this there was considerable derangement in the functions of the bladder; but at first these symptoms were not of sufficient importance to induce the patient to seek advice. They soon, however, increased in severity, and Mr. B. was sounded at two different times, but no stone was detected. Some time after he consulted Sir Benjamin Brodie, who discovered a calculus, and recommended the case to me.

I found, on sounding, a moderately capacious urethra; a bladder which allowed the injection of five ounces of water, but which was contracted at the *bas fond*, where there were several calculi about the size of large filberts. These were all removed in four applications of the *percuteur*, of about three minutes' duration each, and the patient found himself relieved from every unpleasant symptom. These operations were performed in the presence of Dr. M'Dougle, Dr. Maling, Mr. Creed, Mr. Rowe, Mr. Biggs, &c.

The only remark that this case suggests worthy of attention is the difficulty that was experienced in grasping the calculi, on account of the *embonpoint* of the patient This difficulty was occasioned by the *bas fond* of the bladder being under such circumstances considerably elevated, which has a tendency to throw the calculi to the sides. For a year and a half Mr. B. has not experienced the smallest return of the complaint, and is now in perfect health.

COMPLETE OBLITERATION OF THE ABDOMINAL AORTA.

THE following case of obliteration of the abdominal aorta is, perhaps, the most complete and best detailed of any as yet recorded in the annals of science, and is particularly worthy of notice in an anatomical point of view. We give merely the most prominent features, referring for a more minute description to the *Archives Générales* for May:—

CASE.—A woman, fifty-one years of age, of feeble constitution, commenced about four years before her reception into *La Pitie* (March 1835) experiencing some numbness in the right lower extremity, and a few months afterwards in the left. Palpitation of the heart soon came on, and persisted; progression now became difficult from the state of the legs, which were numbed, cold, and the seat of constant pain. Her sufferings became aggravated during the last year, and the patient entered the service of M. Louis at La Pitie, at this time the lips were violet-coloured, the heart beat tumultuously, and the pulse was irregular. An hemoptysis, accompanied with extreme oppression, soon set in, and the patient died ten days after her admission into the hospital.

Explanation of Plate.

Fig. 1.—External form of abdominal aorta; *a* Cæliac trunk; *b* Superior mesenteric; *c c* Renal arteries; *d* Inferior mesenteric; *a b* and *c d* Level of the cuts across the artery which exhibited the appearances in Fig. 3 and 4.

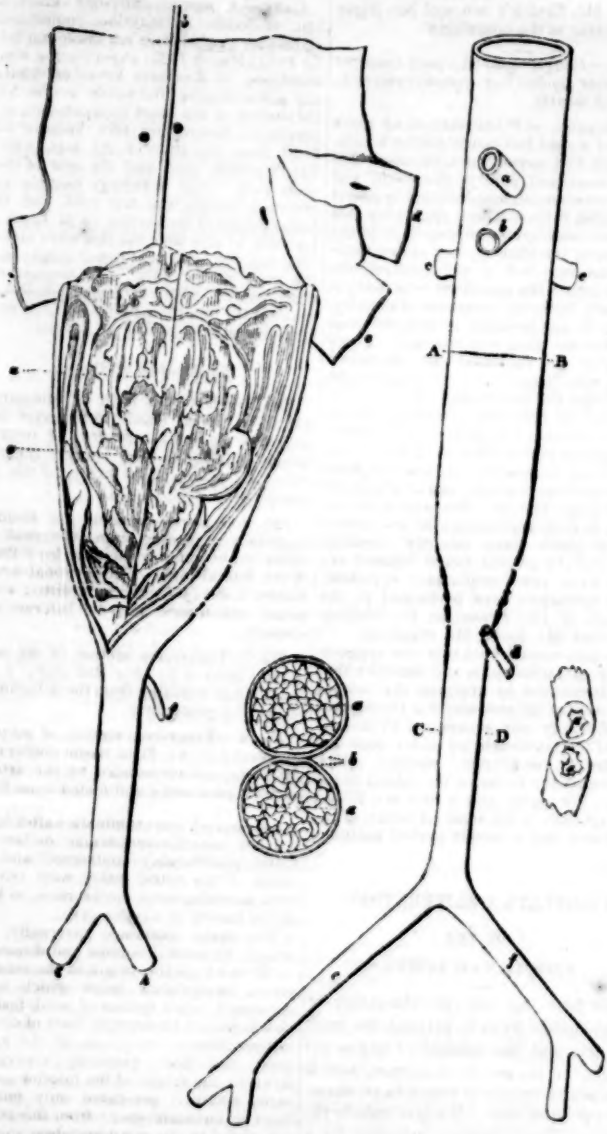
Fig. 2.—Aorta opened; *a a* Reddish coagulum extending from the renal arteries to the inferior mesenteric; *b* Probe in the lateral canal; *c* Right renal artery flattened out; *d* Cæliac axis ditto; *e* Superior mesenteric ditto; *f* Inferior mesenteric.

Fig. 3. Transverse section of the aorta at the level *a b*; *a a* Red clot; *b* Infundibulum resulting from the detachment of the clot posteriorly.

Fig. 4.—Transverse section of aorta at the level *c d*; *a a* Firm tissue obliterating the aorta, and surrounded by the arterial parietes contracted and folded upon it.

Autopsy.—Upon examination after death, the left auriculo-ventricular orifice was found considerably contracted, and the edges of the mitral valve were covered with a cartilaginous incrustation, as thick as the moiety of a coffee-grain.

The aorta, examined externally, presented its normal volume and disposition as far down as the origin of the renal arteries, immediately below which it was converted into a species of solid, fusiform chord, having twenty-two lines of circumference above, twenty-six at the middle part, and then gradually contracting down to the origin of the inferior mesenteric, where it presented only fourteen lines in circumference: from this point it descended to the sacro-vertebral angle, in the form of a dense round chord, about the size of a large urethral bougie. The


A
B
C
D

primary iliac arteries and their two branches were also smaller than in the normal state; the same disposition extended to the crural arteries, but on the left side disappeared about an inch below the arch, and on the right ceased gradually beyond the popliteal artery.

On being opened longitudinally, the internal surface of the aorta presented a livid red colour; its cavity is free as far down as the renal arteries; from this point it is filled by a soft reddish fibrinous body, adhering to the inner surface of the vessel all round, except posteriorly, where it forms a kind of canal, gradually contracting towards the inferior mesenteric artery, where it had only two-thirds of a line in diameter; here the red coagulum changes insensibly into a tissue more firm and hard, of a gray-red colour, nearly gelatinous, and demitransparent, which filled the whole contracted portion of the aorta; the vessel was divided transversely in this point; it was then seen that its parietes were ruffled, so as to form on all sides certain folds, projecting internally, and contracted upon this tissue, which adheres to it in a very intimate manner at the division of the aorta; this substance also divides and extends into both primary iliacs, in the form of prolongations, as large as a crow-quill, a little flattened, reddish, very adherent in some points, and in others easily detached, and presenting here and there on the surface a vascular injection extremely fine.

This tissue filled the hypogastric arteries to the extent of an inch (the only portion examined); it also closed the external iliacs, and terminated on the left side an inch below the crural arch; on the right side it traversed the whole length of the crural artery, sending down a plug of two inches and a half into the arteria profunda; it was continued into the popliteal, and then followed the posterior tibial as far as the lower third of the leg, forming merely lamellæ, which disappeared about four inches above the ankle; the anterior tibial was free. In the left popliteal artery were found some smooth thin lamellæ attached to the parietes of the artery, and coming away with the inner membrane. In the right primary iliac this tissue was hollow; it terminated above in a cul-de-sac at the bifurcation of the aorta, and below at the division of the primary vessel; the same appearance presented itself on the opposite side, but the canal did not exist in the tissue closing the hypogastric or external iliac arteries. Lower down the canal reappeared in the plug occupying these latter vessels, and then disappeared in the coagulum of the left crural artery. In the right crural it extended to the femoral, sometimes occupying the centre of the clot, sometimes suddenly opening on its surface, or turning off into the tissue which plugged its branches, and occasionally interrupted for five or six inches, to reappear again lower down. The origin of the cæliac artery was free, but the splenic was incompletely obstructed by rose-coloured lamellæ. The superior mesenteric artery was free within eight lines of its origin, but immediately beyond its first branch the trunk was obliterated to the extent of four lines (the only portion left). The orifices of the lumbar arteries were closed, except the two superior and the middle on the right side, which opened into the lateral canal before described. The six lines of the inferior mesenteric which remained were plugged by a small coagulum; the sacra media was free, but its orifice was also stopped. The right obturator and the left gluteal were free.

The measure of development of the different parts of the aorta, and the principal branches springing from it, with a great number of secondary branches, when compared with the mean size of the same vessels, showed that the dimensions of the trunk and its branches in the present subject were all inferior to the ordinary dimensions; this is proved by a very careful examination and measurement which M. Barth made of all the abdominal branches, and by comparison with a second table of measures representing the ordinary diameters of similar vessels. This fact shows that in cases of spontaneous obliteration, either the development of the collateral branches does not exist, or, if it do exist, disappears after a certain lapse of time.

It is to be regretted that the removal of the subject prevented its being injected, and a more minute examination of the manner in which the circulation was kept up, from being made on this interesting point. The author contents himself with conjecturing that it took place partly between the mammary, intercostal, and lumbar arteries, anastomozing with the epigastrics, circumflex illi, &c.; and, on the other hand, the free branch of the superior mesenteric with the branches of the internal iliac, crural, &c.

*** As the obliteration of the aorta had not been foreseen, the viscera were removed before it was detected.

ABSTRACT OF THE EVIDENCE OF

MEMBERS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON,

TAKEN BEFORE THE

PARLIAMENTARY MEDICAL COMMITTEE IN 1834.

EVIDENCE OF MR. GUTHRIE.

(Continued from page 356.)

THE Hunterian museum was the topic under discussion at the close of our abstract last week. An official paper of the College was laid before the witness, and he was now questioned with reference to statements which it contained impugning the conduct of Sir Everard Home in the destruction of the Hunterian manuscripts.

67. "Do you believe the statements made in the printed document issued by the Council of the College of Surgeons in April 1826 to be correct?"—"Yes, except that I believe Sir Everard Home (if we must make a culprit of him, after he is dead) destroyed little which was valuable. I believe he made use of what he destroyed, and did not wish the record to remain behind. If there was much of very essential matter destroyed, we have no positive knowledge of it; and it is now too late to rectify it. The Government did not think fit to take any steps against him. It was found almost impossible to make a catalogue, particularly of the gallery, which was the most stupendous thing in Europe of its kind; and the utmost difficulty, of course, existed in making out what each preparation was intended to represent. There is in the collection a preparation, among many others, of one animal, which has excited the attention of the greatest anatomists of Europe. It is called a siren, and lives in the mud in Carolina. Some of these animals have two feet, some of them four; and there have been very great discussions about it, whether it was the larva of an animal, or a distinct animal. Rasconi said it was a larva. Cuvier came to England, almost on purpose to examine that preparation alone, and Mr. Hunter and he both dissected it. The assistant-conservator, Mr. Owen, in his researches into the nature of this animal, has proved, that neither of these great men was right; and the statements made by him, in the catalogue, will attract the attention of the scientific world. The catalogue and description of the preparations in the gallery of the museum, will be sought for by every comparative anatomist in Europe. There will be nothing like it to be met with anywhere. As to a descriptive and explanatory catalogue, there can be no doubt that it ought to be made. It is tending to its completion. The museum costs the College between 2000*l.* and 3000*l.* a-year. We pay our conservator (Mr. Clift) 500*l.* a-year, our assistant-conservator (Mr. Owen) 300*l.*. His assistance alone is worth 500*l.* a-year: indeed I scarcely know the limit that ought to be placed to his salary. The Hunterian Museum of comparative anatomy is more valuable, in a practical point of view, than that at the *Jardin des Plantes* at Paris, or elsewhere, from the specimens of the different structures being arranged so as to illustrate the *function*, not the position of the animal in the natural system. Concerning the library I beg to add, that the College has nearly 18,000 volumes."

68. "Have the Council of the College had any difference with the Society of Apothecaries?"—"None. Last year we met and acted together, each party yielding in opinion a little. There has been occasionally a little interference on the part of the Apothecaries' Company with our province. They have not always confined their examinations to those branches which immediately belong to them; but have examined more minutely in anatomy and surgery than we considered absolutely consistent with their proper duties." I must declare, however, distinctly, my sense of the *admirable manner in which the Apothecaries' Company have done their duty to the public*, since they have existed under *Act of Parliament*. *Nothing would distress me more than to see that board entirely destroyed*: although it might be modified with advantage as regards the interference of the Society with the province of the College." *

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* 69. The sentences in italics we should not have thought worth reprinting, but for the opportunity of contrasting them with the following opinions which the witness passed on the Apothecaries' Act, in a paper which he wrote some time since under the signature of "An Old Apothecary," and submitted to the notice of the Select Committee of the House of Commons on the "Amended Apothecaries' Bill," in the year 1833:—

"A highly educated and competent medical man is *by this oppressive and tyrannical Act*, precluded from getting his bread, whatever country he may be of, unless he be, &c."

"The physician and surgeon, of the highest possible attainments, are thus

70. "Why do one hundred Irish gentlemen annually apply for their diploma to London, in preference to the Dublin College?"—"Principally from their not having received such a preliminary education, particularly in Greek, as will enable them to pass the classical examination of the Dublin College."

71. "Is the board of examiners bound to examine a man in surgery who presents himself, whether his course of education be such as the Council have prescribed, or no?"—"I believe there is an opinion of a barrister to that effect; but we have never acted upon it. * * Yet nothing is so painful as to be obliged to refuse to examine, for want of proper certificates, for young men come *every day* to say, that they must starve if we insist on their staying in London to complete the courses required."

72. "Have any remonstrances reached you, on your requiring more certificates than are required by law?"—"They dare not dispute with us; but students would endeavour to do without a qualification to practise if we were to require too much."

73. "The apothecary of the present day, being usually a man of better education than the druggist, will not the student have learned *more* in his shop than in that of the druggist?"—"No. *Rather less*; for the shop of the apothecary of the present day is a private one, and, for advice or medicines, scarcely anybody goes into it once a-week."

74. "Does the paper now produced present a fair sample of the questions that might be put to a candidate by your court of examiners?—[*A paper being shown to the witness*]: viz.:—

"'Have you ever dissected?

"'Suppose you take off the skin of the neck, what do you first see?

"'Taking off that, what next?

"'What nerves and veins accompany the carotid artery?

"'Describe the mode of tying it?

"'The course and branches of the par vagum?

"'How are the constrictors of the pharynx one with respect to the other?

"'Where does the trachea commence and end?

"'What prevents a piece of food getting into the larynx?

"'What are the ligaments of the ankle joint?

"'In compound dislocation of the joint, what is the state of the fibula?

"'If called to that accident, and you found that the tibia had been dirtied on the ground, what would you first do?

"'How would you treat it afterwards?

"'How would you proceed to take up the external iliac artery?

"'What are the relations of the femoral artery?'"

Answer. "If I had the examining of a man upon those questions, I will venture to say that he would prove himself a tolerably good anatomist. There are questions much more severe; but there is enough in that paper for an hour's examination of any man; and more than he can answer unless he is a good anatomist. If the Committee will be pleased to call up the gentleman who furnished the paper, and allow me to examine him before the Committee, I would convince them, out of that paper, that he had got enough. The paper is, I suppose, a copy of the questions put to some gentleman who has a good memory."

75. "Do you not consider that a knowledge of medicine is essential to good surgical practice?"—"Decidedly; *they are inseparable.*"

76. "How is it then that the candidates for the diploma of the College of Surgeons are not examined in medicine?"—"We do not wish to trespass on the province of others more than we can help. With reference to a surgeon ONLY, *we leave him to his fate; knowing that he will never get salt to his porridge.*"—What a useful institution is the College of Surgeons; and how wise are the candidates who seek a diploma which of itself will never find salt for their porridge! The law requires no man to possess the College diploma.

77. The chairman instantly saw an opportunity of exposing the real principles of the Council, and here asked—"Previous to the passing of the Apothecaries' Act in 1815, was the College in the habit *then* of examining in medicine?"—How does the witness escape from the dilemma of this inquiry? Why he says, "I was in France

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treated by the Apothecaries' Society, like *toads under a harrow.*"

"These appear to be such *enormous grievances*, that it is hoped a Committee of the House of Commons will feel they cannot separate or close their proceedings without redressing them. They were *hardly exceeded by the acts of the Star Chamber in the worst days previous to the Revolution.*" (The "grievances" alluded to were created by the Company.)

"The amended Bill would do away with all monopoly, and give comfort and happiness to many a poor and helpless man who is suffering under *the oppression of the present Apothecaries' Act, which it will be an indelible disgrace for a reformed House of Commons to allow to remain for another session on its Statute-book.*"

and Spain in those days, and do not know what they did. I can answer personally only for the last few years."—Oh the rogue!

78. "Are you aware that at the College of Physicians, some of the examiners are selected from the junior men?"—"Yes; the candidates look only to the degree and not to the document containing the names of the examiners."

79. "From the age of twenty-two to thirty-five, the period in a surgeon's life when he seldom has obtained much practice, how is he usually occupied?"—"Some are occupied in study, some in idleness."—And this idleness is fostered by the avarice of the hospital surgeons and physicians, with some brilliant exceptions, who close the wards of our public medical charities against all practitioners who will not pay the enormous fees to witness hospital practice, thus shutting them out from almost the only means of study of which surgeons awaiting the arrival of remunerating practice can hope to avail themselves.

80. The evidence for this day was closed with the following question and answer:—"It appears, that in 1823 about one-eleventh, in 1827 one-fourteenth, and in 1830 one-twenty-fifth, of the candidates were rejected at the College. How do you explain this diminishing proportion?"—"It is accidental. I think the other night we rejected five out of nine; and last night we passed the whole ten; the night before we rejected one out of the ten."—The cause of an *average* number of rejections for one year, is here explained by reference to special instances which had no kind of relation to averages. If this witness be ever set to hard work "according to law," his duty should be to "chop logic." As to the diminution in the rejections, we apprehend that they really fall under the class of "accidents done on purpose," for in reply to question 5003* the witness first makes it a subject of boast that the Council have obtained an income of nearly 13,000*l.* a-year, and then actually offers that to the Committee as one of "the best reasons that he could give for maintaining the present mode of proceeding in the government of the College!"

[On the 1st of May Mr. Clift, the "Conservator of the Museum," was examined, but as Mr. Guthrie was again called in in the course of that day, we shall continue our abstract of Mr. G.'s evidence, by advancing to question 5205.]

81. Mr. Guthrie had been much pressed in some previous questions for his reasons for objecting to any but elderly gentlemen occupying the post of examiners in the College or in any medical faculty. His repeated answers were to the effect, that "junior" medical men, however highly accomplished in their profession, were not fitted by the necessary qualifications of age for the office, and were so mercenary in their views, that they would accept the office for any remuneration, even 50*l.* a year. Two fresh questions now made quite evident the *want of principle* in his decision on this point. The chairman asked the witness,—"Are you aware, that in the examinations of candidates for a degree in physic or surgery at the University of Paris, the examiners being three in number (two of them professors, and one an agrégé), a doctor is eligible to the office of agrégé at the early age of twenty-five years?"—*Answer.* "Yes; but then the agrégé may *happen to be a middle-aged man.*"—*Question.* "They must be full twenty-five years of age, but they are generally from twenty-five to forty?"—*Answer.* "Yes; but I am *not very favourable to any French modes of proceeding*, as applicable to this country."—The witness shuffles through inconvenient questions.

82. "Is the present number of examiners of the College greater than is necessary?"—"The number is not too great, because it is from the *celebrity of the Examiners*† and the value that the public attach to the diploma, *in consequence of that celebrity*, that persons come before us for examination. I think ten examiners render the examination more formidable, more just to the public, and I think a man is better satisfied at having the fiat of ten men of respectability, than he would be if he were tried and condemned by simply three, four, or five."—Yet in paragraph 64, the witness implies, that, for the most part, one, or perhaps two examiners, do really "try any man" who is a candidate at the College.

83. "Ought not some respect to be had to the expense of employing so numerous a board, considering that it costs the College 3000*l.* a year?"—"I do not think the expense should be considered at all, provided the business is *well* done, and satisfactorily to the public."—But the misfortune is, that the business is not well done. Anybody could admit twenty-five candidates out of twenty-six to the membership (see paragraph 80). Why not, by the same rule, pay 6000*l.* a year instead of 3000*l.*?

84. "You have advised that some proceedings at the College should be public. In that publicity do you include the examination of students?"—"No."

* 5003 of the Parliamentary Copy.

† Oh, most modest of men,—"celebrated" George James!

84.* "At Oxford it is now provided that the examinations of candidates for medical degrees shall not be secret, but that all graduates of a certain standing may be present at them. Is not publicity, to that extent, advantageous, as a check upon the Examiners?"—"I think that very few young men, in consequence of the *peculiar habits of Englishmen*, would be able to meet an examination in public of that kind, and we should, probably, for some years to come, reject one out of every two or three. I think it would prevent the examiners from exercising, as they now sometimes do, a little mercy, on account of the temperament of the candidate, or other circumstances connected with his particular case. But it is one of those things which I shou'd have no objection to *try*."—We suspect, that where bashfulness might kill its tens, ignorance would slay its hundreds. Candidates can always be encouraged out of timidity, but never out of incapacity. But what is there that can be urged in objection to open examinations which should weigh for one moment against the security to the public, and the impartiality to the student, which those examinations would ensure? Moreover the honours of the successful candidates would be ten times multiplied.

85. "Are you aware that the examinations before the Dublin College of Surgeons are open to all the members of the College, and that *no bad consequences have followed from that degree of publicity*?"—"I believe they are; but the candidates are older and better educated."—The more shame (as regards the latter quality) to the London College.

86. "It has been observed, that from having constantly the same examiners, the questions that will be put by each examiner, and the answers that will satisfy him, become well known; so that the grinders, as they are called, prepare their pupils, not to give such answers as best accord with the actual state of science, but such as will suit the character of the man who may happen to examine them?"—This is notoriously true, yet the witness coolly replies, "There is *no inconvenience arising from it*. We have all of us different opinions in surgical science. Now when I know (and I am not a grinder*) that there is a difference of opinion amongst the examiners, I always state that difference to my class. So when a young man presents himself, if he gives an improper answer in surgery, we ask him, 'Where were you taught that?' and if he says, 'I was taught it by my teacher,' we say, 'We do not dispute the right of your teacher to instruct you in any way he thinks fit; but you will now be pleased to state the received opinion."

87. "If six examiners are sufficient for a quorum in your court, would it not be better, in order to save expense, that there should be six, and no more?"—"No; when I was in the army, we thrashed 10,000 men with 6000, once or twice; but we would rather have had another 4000 to help us."

88. "Would it not imply some incompetency on the part of the board, if six veteran examiners were not a match for ten raw students?"—"No; it means that we are able to do any quantity of work required of us, but we do not want to do more than such reasonable proportion, and in such way, as will be satisfactory to the public."

89. The profession will recollect what was said in THE LANCET of the intrigue which we suspected was existing between the Colleges of Physicians and Surgeons and the Company of Apothecaries, when the pretended "Apothecaries' Amendment Act" (already mentioned in paragraph 68 of our abstract) was brought forward in the House of Commons in the session of 1833. The Committee now squeezed the following interesting confession out of our amusing examiner on this subject:—"Have the Apothecaries' Company agreed that they shall omit examining upon anatomy and physiology?"—"Yes, generally speaking, and it was agreed to when we presented the Amended Apothecaries' Bill to the House of Commons last year; and if that amended Bill had been carried, the arrangement would have been finally concluded. That amended Bill was the result of a meeting between the president of the College of Physicians, and the president and vice-presidents of the College of Surgeons, with the master and two of the Court of Examiners of the Society of Apothecaries. We discussed our grievances,* and *decided how the business was to*

* No; you are something more corrupt. You are at once a lecturer and an examiner, a certificate signer in public, and a diploma-granter in private,—a most scandalous union in the present state of medical education.

* "Our GRIEVANCES!" The grievances of a band of robbers, who think that the booty has not been fairly shared amongst them; or of a set of banditti who cannot rob fast enough—or who find a falling off in the number of poor devils that are straying in their wood, and therefore meet to lay plans for decoying more travellers, and to decide "how the business is to be done for the future!" Heaven grant us patience as we read!

be done for the future, each party making such emendations, and demanding such deductions, as they thought right, and which were inserted in that amended Bill; and although the Bill did not pass, the understanding has not fallen to the ground, though neither party would, at any time, consider the agreement perfectly binding. The College of Surgeons was to add or to omit nothing from its own examinations, as the Apothecaries' Company did not object to any part of our examination, though we agree to demand that candidates at our College should positively be educated in pharmacy and the practice of physic."—And thus was "the business to be done for the future," —that future which never came, nor, happily for the public, ever will.

90. "Was it proposed, as one of the results of these omissions and additions, that the expense to the students should be reduced?—No; we thought of no such thing. I do not think that the expense of medical education, at the present moment, is too much. On the contrary, I would almost say, that I see better reason why it should be increased than diminished."—What can be more wicked than to establish money qualifications in the science of medicine, where alone talent and acquirements can be of service to the public! We intreat the reader to contrast this declaration of the witness with his allegation contained in paragraph 32, that the expense of medical instruction is already so great, that a great number of professional men cannot reobtain by practice the money they have expended in "over-educating" themselves, as the witness called it.

91. "The College having determined not to recognise any person as a teacher, unless he be provided adequately with a museum for teaching, have they, to prevent any capricious exercise of judgment on their part, caused a catalogue to be drawn up, exhibiting the minimum of preparations, which they think necessary, for teaching?"—"No; but they provide that a deputation from the Council shall inspect the museum, and report," &c.

92. "To prevent a capricious exercise of judgment by the Council, or *that fickleness of purpose that is apt to arise* from changing the persons who are to decide, would it not be better for the Council to draw up a list of preparations as the minimum which every teacher, claiming to be recognised by them, should in future be required to possess?"—"The thing is impossible, inasmuch as many of them might not be obtained in the course of two, or three, or four years."

93. "Are the collections of preparations at the hospital schools usually the private property of the teachers?"—"Not always."

94. "The commissioners for inquiring into the Scotch universities have condemned the practice of the collections used for teaching the classes of a university, being the private property of the professors. Now is it not desirable that a teacher should not be appointed to his office on the ground of his happening to have a collection, but rather on the ground of his superior good character, science, and power of communicating his knowledge to students?"—"The fact of the matter is, that they will *always have the best men in the best situations in London. There is very rarely an exception to the contrary.* A person who has a museum, and owns a school, will only put in a man who can bring a class: just as the best actor fills a playhouse."—How ill does this statement accord with the declaration of the witness contained in paragraph 58, relative to the abandonment of teaching by the best men in the profession, because the competition was so great! In either case what a picture of the present system of medical instruction have we not before us!

95. Adverting to the mode of appointing teachers in the hospital schools, the witness hazards the following statement:—"I believe, the treasurer alone appoints; and he has so much the interest of his hospital and of his school at heart, that he *would not put any man in for any consideration*, unless he was satisfied that the man so put in would maintain the character of the school. There is a great misunderstanding upon this point."

96. "On what is the misunderstanding?"—"That people are put into schools upon any other reason than their *capability*. Money will not get a man into a school in this town."—To the "*will* not" we say nothing; but why money "*does* not," in some instances, is easily explained. There is no occasion for its employment. Family connexions and relationship are equal to the task. But the fact is that apprentice fees afford proof that money *does* "get men into schools in this town." Six nephews and apprentices at Guy's and St. Thomas's hospitals, afford abundant evidence that hospital treasurers do not solely regard talents or capabilities in teachers.

97. "In the schools of anatomy attached to some of the larger hospitals, is it an uncommon thing for a teacher, coming in, to pay a sum of money to his predecessor, going out?"—"I think the thing has been done, and I do not think it unreasonable, as far as regards a teacher o anatomy

who retires to give up to his successor a museum."

98. "Do you not believe that a large number of those gentlemen who are qualified to be elected into the Council as pure surgeons, embrace in practice a large proportion of *purely medical cases?*"—"Their practice is very much medical. If a man comes to me one day with a disease of the urethra, and the next morning with a pain in his stomach, I profess to be able to cure one disease as well as the other; and every surgeon, in my opinion, ought to understand well the business of an apothecary, and to have a good knowledge of the business of an accoucheur. Surgery does not any longer mean what it did a century ago. A large portion of Mr. Abernethy's practice was of a medical kind. So is my own; and so is every surgeon's in London. The public demand it. A surgeon does everything."

99. "Then if a person becomes eminent in the practice of medicine, though under the name of surgery, why should he be excluded from honours in the College?"—(Oh what an *answer* follows this poser!) "Because he must be also eminent in surgery as well as in medicine."

100. "Are you aware that the surgeons to many of the county hospitals are men at the head of the midwifery practice in the places where those hospitals are situated?"—"They must be so, in fact; for they could not live, if they were not."

101. "For example: the senior surgeon to the *Worcester Infirmary* is the leading practitioner in midwifery at Worcester?"—"I dare say he is; he ought to be."

102. "Do you suppose that this gentleman, from his practice of midwifery, is less competent to practise surgery?"—"I cannot give an opinion upon an individual."*

103. "Upon general principles?"—"No, not at all. The midwifery *does him good.*"

104. "Then why is such a person to be disqualified from entering into the Council of the College of Surgeons?"—"He practises midwifery, in order that he may get enough money to enable him to live reputably; and therefore it is a proof that he has enough time to do so. But it is one thing in regard to *living*, and another thing with regard to *obtaining the honours of a profession*. When a man seeks for the honours of his profession, he must adopt that course of proceeding which his seniors, for years before him, have considered the right road to obtain those honours. It is so in the law, and, I believe, in the church, and I do not see why it should be different in surgery."

105. Filled with disgust at the principles on which the witness reasons and would legislate, the Chairman says, "The question is not whether that has been the *course of his seniors*, but whether such a course is *reasonable* or not?"—And the witness replies, "I think it is very reasonable."

106. "Why do you think it is reasonable?"—"Because I think it is for the advantage of the public. For whatever may be said upon the matter, these gentlemen do not pay that strict attention to surgery which they ought. And although many improvements are made by surgeons in the country, the great advance in anatomy and surgery is due to the surgeons of the metropolitan cities."

107. "By excluding surgeons practising midwifery, from the honours of the profession, may not they pay less attention to surgery than they otherwise would do?—No; a midwife has not time to attain that high degree of knowledge which we expect from a surgeon."

108. "But in case he does attain that high degree of knowledge, would you then think it reasonable that he should be excluded from the honours of his profession?"—"It is not his profession; his profession is midwifery. He may have all the honours of midwifery that he pleases."

109. "He has passed your examination, paid his fees, and been acknowledged a member of your College; and will you not call him a surgeon?"—"I say he is a surgeon, but he is an accoucheur also, and therefore paying less attention to the practice of surgery."

110. "Is it likely that Parliament would entrust the power of regulating midwifery to the Council of a College which holds fast to a by-law for excluding practitioners in midwifery from their own body?"—(A juster, bitterer satire could fall from the lips of no man than is contained in the answer—such an *answer* as it is—which falls from the witness.) "I believe the Parliament could not do a *wiser* thing, than to entrust the power to the College of Surgeons; it would be done *faithfully, honourably, justly*, and *advantageously for the public*."

111. "Lord Thurlow considered it presumptuous to claim the regulation of midwifery, and yet exclude practitioners in midwifery from their own court?"—"I believe that Lord Thurlow was very wrong-headed upon that occasion altogether."

112. "Does not midwifery belong rather to surgery than to pharmacy?"—"To surgery decidedly. It is the public that stands between the midwife and the College of

* Cunning can always stand on points which are not broad enough for the foot of honesty.

Surgeons. The public say, 'A midwife you are, and a midwife you shall be, and nothing else;' and there never was yet, as far as I know, a very eminent midwife, that was a very eminent surgeon."

113. "May your Council examine applicants in midwifery, as a part of surgery?"—"We do it constantly."

114. "Why should the examination in midwifery be referred to the Apothecaries' Company?"—"We are nearly equally divided upon that subject in the Council, and it is not usual for a majority to press a point against a large minority; and as we will not admit accoucheurs into our body, I am desirous that they should be placed in a body of *corresponding estimation in the public mind, and of corresponding emolument*; and therefore, instead of having two examiners in midwifery attached to our College, we would send three, as our deputies, to examine at Apothecaries' Hall, and the surgeon-accoucheurs, as a body, would, I think, be very much pleased and satisfied with such an arrangement *in their favour*."—What! The "surgeon-accoucheurs," that is to say the whole of the profession (for every surgeon but the few who have thrust themselves into the high places of trust and emolument is obliged, the witness says, to practise midwifery to save himself from the workhouse. vide paragraph 21), would be pleased and satisfied at thus being made shuttlecocks between the battledore players in Lincoln's-inn-fields and Blackfriars!

115. "If the College of Surgeons is to send deputies to Apothecaries' Hall to examine in midwifery, why should not the Society of Apothecaries send deputies to the College of Surgeons to examine in pharmacy?"—"Because the Society of Apothecaries is in a false position, under existing circumstances. That society never should have had the power of appointing examiners at all; and it was a gross error in Government to give it to them. We, the College of Surgeons, did oppose them in the first instance, and it was only in consequence of receiving a letter from them, saying that they would not interfere in any way with surgery, that we did agree not to oppose their bill. The President of the College of Physicians told me, that if he had been president at that time, they never should have had that authority: and I can only say, that if I had been president of the College of Surgeons at that time, they never should have had it, as far as lay in me, either: and I wish that an alteration should take place in the constitution of the Board, which, really and truly, should never have had anything to do with practice, *except as far as pharmacy is concerned*."—Compare this, again, with the opinions expressed in paragraph 68, and then once more compare it and paragraph 69 with the following sentence which occurs in the answer to the next question but one:—"I beg to say that the Court of Examiners of the Apothecaries' Company have done their duty admirably, and for the advantage of the public; and I would let no surgeon take out his diploma at the College of Surgeons, till after he had been examined by the Board appointed by the Society of Apothecaries."—The witness had gone too far in his deprecations of the "Little Glass-Bottle Society," so he added this little fib to a great truth. He also here suddenly remembered the "discussions" of the three bands of robbers upon the proposed "Amended Apothecaries' Bill," who were to make victims for each other.

116. "Did not the Apothecaries' Act arise out of a demand on the part of the public for practitioners well qualified to practise in physic, surgery, and pharmacy?"—"No, it arose out of the circumstance of the Chancellor of the Exchequer wishing to levy a tax upon the LITTLE GLASS BOTTLES, in which they sold their physic; they met together to resist this tax; and when they got together, they thought they would do something else, and, from one step to another they proceeded, until it ended in the Apothecaries' Act."

117. You object to admit into the Council practitioners in pharmacy or midwifery, because their pursuits are foreign to surgery. Does not the same objection apply to those practitioners in surgery, a large portion of whose practice consists in the treatment of medical cases?"—"Surgery and medicine are the same thing; and a man must understand one to be a good performer in the other. But we do not elect him, unless he is also prominent in surgery."

118. "According to your own admission he may be eminent in surgery, although he practises pharmacy or midwifery?"—"No; it is impossible in the present state of public opinion."

119. "The proportion of candidates rejected by the College appears to be about 1 in 14½. Now, since 1826, the proportion rejected by the Society of Apothecaries has varied from about 1 in 4 to 1 in 6. May this be owing to their examining more strictly than you do?"—"It is possible."

120. "Was your attention ever called to the circumstance?"—"We do our duty, without considering what other people may do."

121. "You have stated that regular

practitioners find themselves undersold by persons whose education has been less regular and less costly. In order therefore to place the regularly-qualified practitioners on a level in point of advantage with the unqualified, is it not desirable to reduce the expense of good medical education?"—"I think the expense of good medical education is at present rather too low, if anything."

122. "Is it not the case, that the more expensive you render it, the more unequal you make the competition between the educated and the uneducated practitioner?"—"No, I do not think so. If you impose any expense of education, you ought to give him an adequate protection. But if you take practitioners from that class of society who cannot afford a reasonable degree of expense in their education, the probability is that you will find them wanting in many of those qualities and qualifications which ought to exist in a respectable practitioner."—The doctrine of a "money qualification" in the intellectual professions, no man but a councillor of the College of Surgeons could think of advocating at the present day.

123. "Have you not admitted, that any attempts to put down irregular practitioners, by force of law, must end in failure?"—"Quite so."

124. "And that the irregular practitioner, in competing with the regular one, possesses the advantage of being able to afford to undersell him?"—"The fact is that, by an irregular practitioner, we mean a charlatan, a quack. But the sort of practitioner I am alluding to is a druggist; such a person should not be allowed to practise out of doors, but to give medicines only over the counter, and he would be prevented from practising in any other manner. This person the law can touch. It is the irregular practitioner, the quack, whom *a great many persons resort to*, that the law cannot reach."

125. "The higher you raise the expense of medical education, the greater inequality you make in the charges that the regular and irregular practitioner can severally afford to be satisfied with?"—"Theoretically you do; but practically you do not."

126. Reasonably enough might the chairman say to the witness, "Have the goodness to explain your last answer?"—The explanation, however, only affords a fine illustrative instance of "confusion worse confounded." We give the passage verbatim:—"The position," says the witness (alluding to the opinion expressed in the query addressed to him by the chairman), "The position is a good one, as stated generally and theoretically; but it is a bad one if it is reduced to practice; because everybody knows in a country town, that an irregular practitioner is an unqualified person, and that the regular practitioner is a qualified person; and they will in general go to the qualified person. If you insist upon a man of superior qualification living in such a town, you must give him an adequate protection; and the consequence of the protection is, that you prevent the other man from doing that which he is not qualified to do. But if you do not have a man with a certain degree of education and knowledge, he will then degrade the character of the profession to the lowest state to which it can possibly arrive; and that is neither for the honour of the profession, nor for the advancement of science, nor for the good of the public. If you coerce one party by regulations, you must do the same to the other."—This lucid "explanation" of the bad working of a good theory bothered the Committee, who forthwith abandoned the subject.

127. Irrepressible laughter must follow a perusal of the subjoined reply:—"As to the irregular practitioners, is not their name '*Legion*;' and if you try to lay one class of them, the druggists, will they not rise up in some other shape?"—"No. If the legislature will give me authority for one year, I will promise them to do it."—"Even if Parliament," observes the chairman in reply to this, "could ever consent to do so, the inquisitorial power which it must delegate, would cause a resistance that would probably defeat you."

128. "One mode which you recommended, of placing the regular practitioner on a level with the vender of secret medicines, is, to put a high *ad valorem* tax on secret medicines. If bread pills were sold and taxed *ad valorem*, would not all the difference between the expense of making the pills and the money received from them be still clear profit?"—"If they both sold bread pills, they would stand upon the same footing; which is now, I believe, sometimes the case. *I order bread pills, occasionally, myself*; and I sometimes find that they produce just as serious effects, as the pills made of very potent ingredients. *Nerves will do a great deal on many occasions.** When I say that I occasionally order bread pills, I mean, that when I find a patient in the hospital, complaining of the effects of a medicine which I know cannot produce

* Science and elegance here combine the best qualities of art and language. The witness is "one of the most eminent men in the profession," according to his own description.

those effects, I order bread pills, and desire the students to mark the result; and the patients often complain of their severity. Imagination does a great deal in physic, little in surgery. Concerning the *ad valorem* tax, my own opinion is that it does not signify a straw whether there is such a duty or not."

129. "Was Mr. Ware, the *oculist*, a member of the Court of Assistants?"—"Mr. Ware was a surgeon."

130. "Is not the instance of Mr. Ware an exception to the rule you stated, that no surgeon, applying himself to a *particular, limited*, branch of the profession, even though he practised as a surgeon at the time, would be admitted into the Court of Assistants?"—"No, I did not say so. I merely said, that no branch practitioner would be admitted; that is, a man that confines himself to one branch. Many members of the Council have been, or are, surgeons to hospitals for diseases of the eye, as well as men practising general surgery."

131. "What better reason can be given why persons practising *general surgery*, and also applying to the particular branch of *eye surgery*, should be admissible into the Council, than that general surgeons, who also practise *midwifery*, should be admissible?"—"The diseases of the eye do not now constitute a particular department, unless a man practise it alone."

132. "You were understood to say, that neither an aurist nor an oculist would be admitted into the Council?"—"We are neither of us oculists. You could not offer us a greater insult, than to call either Mr. Lawrence, Mr. Travers, or myself, oculists: because it implies a knowledge of the treatment of that one organ, the eye, only. We are surgeons, and *nothing more nor less*."

133. "If the College of Physicians allows candidates for its license to have studied medicine for two years at any university whatever, at which there is a medical faculty, whether at home or abroad, is not that at variance with the conduct of the College of Surgeons in the case of Mr. Bennett, when they refused to recognise his school of anatomy at Paris?"—"If the two things are unlike," replied the witness, who grew saucy on being pressed to the verge of the precipice, down which he was sure to fall at the next step, "if the two things are *unlike*, they are at *variance*. I have stated the reason why the College of Surgeons refused Mr. Bennett, and they were approved by Government."

134. "Will you repeat those reasons?"—"If we had recognised Mr. Bennett's school of anatomy, we should have done all in our power to encourage young men to desert the schools of anatomy in this country, and go to *a foreign country* to obtain that knowledge which *they ought always to acquire at home*, &c.*; our schools would have decayed, and we should have deprived ourselves of the high character which English surgeons have over the whole world, as great anatomists as well as surgeons, &c. &c.. The result proves the judgment and wisdom with which the College of Surgeons acted."

135. The following questions are not excelled in the homeness of their thrusts – nor are the various statements in the answers exceeded in that desperation of despair which resorts to all manœuvres for safety—by any portion of dialogue in the whole evidence:—"In the petition presented by the Council of the College of Surgeons to the Privy Council, in opposition to granting a charter to the London University, there occurs this passage: 'Your petitioners are firmly convinced, that the occupation of *teaching*, and the power of *examining and conferring degrees*, ought to be exercised, as they now are, by distinct institutions; and that the union in one and the same institution of these *discordant* attributes, must be attended with *danger to the public welfare*, on the numerous occasions in which the interest of the *teacher* and the duty of the *examiner* would interfere with each other.' Does not the very objection here stated by the Council lie against *the constitution of its own Court of Examiners*; of which court most of the members, either as *hospital surgeons*, or as *lecturers*, combine in their own persons the said discordant attributes of *examining for and conferring diplomas*, and of being occupied in *teaching*?"—"No, there is no one *teaching* in the Court of Examiners but myself, and I am only in that situation because, in truth, I am A SORT OF MILITARY TEACHER, and get no pay for it. I would not continue to teach one hour, *if it were not for the return which I feel myself bound to make to the medical department of the army, for the great favours they have conferred upon me.* I owe my situation in this town to the young men that served with me in Spain, and to the medical department of the army since: and therefore I remain a teacher, that *when they want assistance*, they may have an opportunity of coming to me WITHOUT

* When we arrive at the evidence of Sir Astley Cooper, the reader will see that Sir Astley actually recommends that young men during their pupillage should make it a point to spend a year abroad for the express purpose of learning anatomy and surgery.

PAYING FOR IT, and of finding a friend when they most need his assistance."

136. "But are not a majority of the Examiners in the College either teachers or *surgeons attached to public hospitals*?"—"The majority are HOSPITAL SURGEONS.

137. "As hospital surgeons, do they not take PUPILS at those hospitals?"—"YES."

138. "May they not, then, in an extended sense of the word, be considered as TEACHERS?"—"In the extended sense of the word; but NOT IN THE SENSE IN WHICH IT IS EMPLOYED IN THE PETITION. The Court of Examiners, as hospital surgeons, do not examine the pupils from their own schools, and that is another reason why there should be ten of us."

139. "But although a member of the Court of Examiners does not *examine* one of his own students, does he not *vote on the question of his being passed or rejected*?"—"If he be present at the court he must vote one way or other."

We must respite the witness for a week.

THE LANCET.

London, Saturday, June 20, 1835.

THE Poor-Law Amendment Act, so imperfect and unjust as a piece of legislation,—amongst its other horrid imperfections has left the sick poor and practitioners entirely at the discretion of the Commissioners. When Mr. WARBURTON'S Medical-Law Bill shall be brought before the House of Commons, this glaring evil will, doubtless, be remedied by preventing contracts for the care of the Poor, unless at such a sum per head as shall guarantee to them an efficient medical protection in case of sickness. In the mean time, unless there be a close professional union among all medical men in the kingdom, the grievance must be endured not only by the poor but by medical practitioners all over the country. We are glad to observe that unions have already been formed in many of the counties, and at page 395 we publish a notice of one in Buckinghamshire. There are many of them early enough in existence to shut out the evil operations of the Commissioners, but in several districts mean and beggarly "contracts" have already been ratified, the practitioners who have accepted them being now heartily sorry that the pledges of a medical union had not stepped in between them and the evil genius which prompted them to accede to the impositions of the Commissioners on their time and talents. Let the examples which have been set in Berkshire and Buckinghamshire be everywhere followed without loss of time.

MANY of the reforms which we have attempted to effect in the medical and dietetic rules of *Christ's Hospital*, have been, as our readers are aware, successfully urged in the pages of this Journal, but the treatment of those severe scourges which ignorance and neglect have combined to inflict on the juvenile inmates of the establishment,—scalled head, ringworm, and other cutaneous affections,—still continues to be as unscientific and unsuccessful as on the first day that we set ourselves to correct the abuses which prevail in the institution. Ointments of tar, mercury, and brimstone, and solutions of caustic, are still persisted in, and lately resort has been had to the kreosote, but still without producing an "eradication" of the complaint. There are yet one hundred and thirty boys at Hertford with diseased heads.

Under this state of things, and being haunted daily by the angry expressions of the parents, the resident medical attendant at Hertford resigned his office, and in London, probably from the same causes, the manager of the institution, the treasurer, has resigned his post. But the octogenarian apothecary remains, either to secure the appointment which he holds for his son, or with the hope of obtaining a pension. Still does Mr. EUSEBIUS A. LLOYD remain the surgeon, the "promising" surgeon, of the institution, and still does the cormorant HUE cling to his place. The late treasurer has shown much wisdom in quitting the concern and the cause of the Almoners *in toto*. The new treasurer, Mr. PIGEON, appears, for-

tunately for the institution, to be a gentleman who, by education and habits of business, is capable of judging of the merits of the various questions at issue between the corruptionists and the public, and as he knows something of remedial agents, he will not, we trust, tell us that scores of pounds of brimstone and mercury are necessary to the cure of ringworm, although the consumption of those articles has hitherto been enormous in the institution, and "precedent" goes far in the extension of its influence in such establishments. He will be anxious that those who are allowed to prescribe, do so on sound pathological principles. "The disease has *always* been in the school!" say the senile Committee of Almoners; "and it is unreasonable to "expect its removal all in a moment. "How can you cure that in one year, "which took some dozen years to esta-"blish itself?" We trust that the change in the treasurership will be real and not nominal, and that the new officer will not be bound by old absurdities. The fetters are time-eaten, and may readily be broken. We believe that the appointment of Mr. PIGEON will tend to procure yet more important reforms in the institution, and that the afflicted children who have been obstinately doomed for so many years, like the lepers of old, to separate from their kind, will have fresh reasons to rejoice that the press interfered for their relief.

Considering the number of boys domiciliated at Hertford who are still afflicted with diseased heads, it is quite clear that if the feelings of humanity are at all to be taken into account in the execution of the duty which still remains to be discharged by the almoners and governors, the medical establishment of the hospital must undergo a thorough and complete revision. Evidence, in short, of the most deplorable kind, has been presented to us in profusion, proving beyond doubt or question that Dr. HUE, Mr. LLOYD, and Mr. FIELD, the octogenarian resident apothecary, as well as the young gentleman who was sent down to Hertford under the recommendation of Mr. LAWRENCE, are utterly incompetent to protect the children from that frightful scourge which has inflicted so grievous an injury, not only with regard to their bodily comfort, but with respect to all their future prospects in life. Why is it that the almoners refuse to give a surgeon of experience and great reputation in the treatment of diseases of the skin a fair trial in this institution? Why, in short, do they still cling to persons connected with *St. Bartholomew's Hospital?* The sad experience of several years has but too clearly shown that the doctrines taught in that establishment are not practically advantageous in the treatment of ringworm. Really, the conduct of the almoners in preferring the nominees and adherents of a particular party instead of selecting men of proved and undoubted skill in the treatment of the disease which devastates their establishment, exhibit in their conduct towards the children, and the parents of the children, a degree of perverse and hardened cruelty which falls little short of legal criminality. Within a short period they will, we trust, be made to account for their conduct before the CHARITY COMMITTEE just appointed in the HOUSE OF COMMONS. If there were no practitioners in London of unquestionable reputation in the treatment of diseases of the skin,—if there were not, for instance, Mr. PLUMBE, who, when the special committee was appointed, some time back, presented them with the most convincing testimony of the superiority of his discrimination in distinguishing ringworm from other complaints, and in showing, generally, in how great a degree the children could be benefited by an altered system of treatment,—then, indeed, the almoners might fabricate some description of excuse for entrusting the management of the children to beardless youths and interested and prejudiced partisans, rather than to a gentleman of Mr. PLUMBE'S matured experience and established reputation. But in the absence of such an excuse we know not how their proceedings can be exempted from the just indignation of the public, and the severest reprobation of the Government authorities.

THE attempt which was made by a malignant and odious junto belonging to the Council of the *Zoological Society of*

London to injure the reputation of Dr. GRANT and other members of the Society, has been exposed and defeated; and, further, the perpetrators of the disgusting intrigue have been held up to universal detestation by a committee of the Society which was appointed to inquire into the best manner of conducting the future elections of the officers, the members of which, on the 11th inst., passed a resolution in high commendation of the mode in which Dr. GRANT has exerted his abilities to promote the interests of the institution. The following is a portion of the resolution:

"It was resolved that the committee cannot close their successful labours without taking the liberty to express to Professor Grant their grateful acknowledgements for his zealous, judicious, and unremitting exertions in promotion of the essential interests of the Zoological Society during the period of his services in Council; particularly also for his disinterested sacrifice of his valuable time in his able and comprehensive lectures to diffuse a knowledge of physiology amongst the fellows of the Society."

OUR remarks on the medical evidence which forms the subject of our "Abstract" this week, have been, as on previous occasions, made as we proceeded in the labour, as full as time and space have allowed. One observation, however, escaped a record in its proper place, which it may be as well to seize this opportunity of adding. It relates to the paragraph (No. 135) in which the witness describes himself as A SORT OF UNPAID MILITARY TEACHER. Some of our readers may wonder what kind of thing a "sort of military teacher" is; but they will wonder still more at the declaration that he works for nothing, and grieve that the worthy *militaire* should be so shabbily dealt with. To ease their minds, therefore, on this point, we give the following illustration of the "military teaching," for which the teacher "gets no pay," from the prospectus of the "Westminster Hospital School-of-Medicine," for the session 1834-35. In that document are advertised, amongst other items, "Lectures on Surgery, by Mr. Guthrie, on Mondays, Wednesdays, and Fridays, at five p.m. Fee for one course, 4*l.* 4*s.* Perpetual pupils, 6*l.* 6*s.*" Any attempt to reconcile the statements in the Evidence and the Prospectus, must be vain, so we leave them to give the lie to each other.

CANDIDATES FOR MEDICAL PROFESSORSHIPS IN IRELAND.

THE Report of the Committee appointed to consider the question of "Probationary Lectures" to be delivered by candidates for professorships in the Royal College of Surgeons in Ireland, was presented at the meeting of that body noticed in a recent number of THE LANCET. The Report is drawn up in the following terms, and contains the following recommendations:—

1st. "Resolved,—That it is the opinion of this Committee that the Court of Censors should require candidates for professorships to deliver probationary lectures."

2nd. "That two lectures be the number required from each candidate."

3rd. "That the precedence of the candidates in lecturing be determined by lot."

4th. "That the subjects for lectures be allotted from a selection of subjects made by the Court of Censors."

5th. "That the course of first lectures shall be concluded by all the candidates, before that of the second be entered upon."

6th. "That the members and licentiates of the College of Surgeons in Ireland be alone admitted as auditors on this occasion."

7th. "That the Court of Censors be present on this occasion as judges, and that no member of the Court be privileged to vote, who has not been present at all the probationary lectures delivered by each candidate."

8th. "That the subject allotted for the first lecture shall be given to the candidate forty-eight hours before he be required to deliver it."

9th. "That the subject for the second lecture be given to the candidate two hours before the time for delivery. This lecture not to be written."

A person unacquainted with the sinister policy of the author by whom this document has been drawn up, might be readily imposed on by its apparent speciousness and liberality. There are, however, many ways of killing a dog, the proverb informs us, without hanging it, and the Committee, taking the hint, have admirably succeeded in devising means for

the strangulation of the "concours" without the odious exhibition of the halter itself. They do the business decorously and quietly, but just as effectually as if they conducted the ceremony without the slightest disguise, or paying the slightest deference to public opinion. While the principle of promotion by merit as developed by competition is broadly and unreservedly admitted, the most scrupulous care is taken to prevent the just operation of this principle. Thus the advice of the Committee very plainly declares, that the candidates are to "fret their hour on the stage" in the delivery of Probationary Lectures; that their exertions are to be viewed by the enlightened and impartial auditory of those members and licentiates of the College who frequent the place; and that no member of the Court of Censors, not present at all the lectures, is entitled to vote on the appointment of the successful candidate! All this, no doubt, looks very feasible—bears some distant resemblance to a Concours, but of which, in reality, it will prove to be the grossest mockery. By this new movement the "faction" in the College have not removed a single objection to the old system, or made the slightest advance towards correcting its abuses.

The change to be effected, exclusively falls on the candidates who are to be indulged in the agreeable but delusive experiment of publicly proving their qualifications, while the tribunal before which these youthful gladiators are to exhibit, remains composed of its former ingredients. The objections to the Court of Censors, as constituted at present, being the electors of professors, or examiners of the licentiates of the College, continue in full force, notwithstanding these proposed measures of the Committee. In these contemplated regulations, no provision is made for the purification of the Court of Censors or Electors from teachers or professors belonging to the College or other schools. The evils resulting from this constitution of the Court, as it regards the examination of candidates both for "letters testimonial" and the election of professors, are so obvious, and have been so often explained in this journal, that they need not be repeated. Yet, notwithstanding the palpable and often demonstrated viciousness of this system, there is not, in this pretended improvement of it, the least indication of correction. The reform, in fact, ought to commence at home; and instead of devising means of befooling candidates for the professorships of the College. the first steps taken should have been to secure to them a probability, at least, of their merits being appreciated by a just and competent tribunal.

Reform is no respecter of persons or of privileges—makes no distinction between the corruption of the judge and the deficiencies of the tried. It bears equally on both parties, and admits of no exceptions in its operations. This is the species of reformation which the public require of the College; and not that mongrel description of it, which while it requires candidates to give proofs of their acquirements, leaves the tribunal which the other day elected Mr. MAUNSELL and rejected a Master of the Lying-in Hospital (Dr. COLLINS), to pronounce a verdict on their qualifications! There is to be sure a gracious provision made in these propositions to prevent the voting of the electors by proxy—to secure the benefit of their presence to the candidates during the delivery of the trial-lectures, instead of being "on parade" in Sackville-street or elsewhere; but no provision is made for the prevention of three out of five of the members of the Court of Censors being able to appoint a Professor, as was done in the case of "Prime Minister JACOB."*

Can any person therefore, with a knowledge of these facts before them, believe for one moment that the candidates will have more fair play now than formerly, while the constitution of the Court of Censors remains the same? The results of both systems, it may with certainty be anticipated, will be precisely the same. All the "admonitions" of the Committee are nicely calculated to secure this end. Thus, while the professorships are thrown open to competitors from the graduates and licentiates of the different universities and colleges, why are the graduates and licentiates of these institutions, who compose a large portion of the medical profession of Dublin, excluded from the theatre of the impartial and consistent establishment in York-street, during the "Probationary Lectures!" A member of the College of Physicians offers himself as a candidate for one of the professorships in the College; but his merits are to be exclusively decided on by a jury taken from the bitter enemies of the institution to which he belongs! A man becomes a candidate for the chair of Pharmacy; but by these sage and honest recommendations, neither Mr. KANE, nor Mr. DONOVAN, nor any other well-informed member of

* This impudent person, who is in the habit of boasting in his harangues in the College, of "having fought his way to a professorship," was elected by *three votes* out of a Court of *five persons*, his rival having had the two remaining votes!

the Apothecary profession, is to be present to check or disturb the deliberations and decrees of the Court of Censors, three of whom elected Dr. JACOB, and not one of whom would vote for Dr. COLLINS! Not only are the physicians and apothecaries excluded from hearing the "Probationary Lectures;" but, even the students are to be kept without doors! Neither is there apparent in this admonitory document of the Committee, any intention of rescinding the by-law furtively and perjuriously made in Mr. KIRBY'S favour, and limiting the possession of the chair of the practice of physic to a member of the College of Surgeons. These bigots in fact recognise no other medical men but themselves—and will have no other witnesses of their consciously corrupt proceedings. As to the minor details of the plan which they propose, they are so illiterately expressed, and so contradictory in their meaning, if they have any, that it would be a waste of time to notice them particularly. Thus the number of lectures is required in one place to be two from each candidate; while in another part of the same document, mention is made of a "first course of lectures" and a "second course of lectures" by the candidates. The Report however, though received, is to undergo further discussion; and from the tenor of the observations made by Mr. HARRISON and Dr. JACOB at the recent meeting, a clause or addition may be expected, which will in duplicity and corruption far exceed any one of the provisions of the original document.

In order to understand this contemplated scheme, we may here remind the reader that it has more than once been intimated that there was a deep-laid plot on foot for the induction of Mr. CUSACK in the chair of surgery in the College on the resignation of Mr. COLLES. Both these gentlemen, no doubt, denied the existence of any such league; but the complexion of the remarks of the organs of the accused, Messrs. JACOB and HARRISON, leaves scarcely a shadow of doubt of the intended occupation of the chair of surgery by Mr. CUSACK. This gentleman was, of course, "too discreet" to moot a project publicly for his own aggrandizement; that would have been too gross a violation of prudence as well as of decency, and accordingly he made use of the above agents to feel his way in this undertaking. They both appeared quite pleased—nay, to quote the conclusion of the oratorical amplification of one of the "spouters," "he was delighted at the introduction of the 'concours' into the College." But, notwithstanding all this delight—all this ecstasy with the "concours," he was much afraid that in the "practical chairs," or professorships, the old and established practitioners would not submit to such an ordeal!

Now here is precisely the point where the shoe pinches. It would be very well to set young men by the ears to contend about the chairs of medical jurisprudence, midwifery, &c. These are not worth the consideration of the "oligarchs," and are, consequently, to be left open for competition. But the professorships of surgery, and probably of anatomy, are the prizes worth the attention of the old "financiers" of the College, and hence the attempt that will be made to render them exceptions to a general "Concours!" In short, Messrs. HARRISON and JACOB, after the necessary preparation of the minds of the audience, intimated in the most artless way the expediency of drawing a distinction between what they ludicrously denominated the "practical" and the merely "elementary" professorships. Now, if these varlets were not destitute of all sense of decency, or even consistency, could they presume to draw such a distinction in the face of the College, so soon after what had occurred in the case of Dr. COLLINS and Mr. MAUNSELL? In one instance they reject the "practical" man, and appoint one who must be, comparatively at least, considered a "theorist;" but in another case they reverse the principle, and make a reservation in favour of anatomy and surgery! And why? Simply because Mr. CUSACK and themselves are interested in this reservation. It would be a waste of time—a misapplication of reason—to attempt to show the ridiculous fallacy of the distinction sought to be drawn between practice and theory by these men, who have not the slightest regard for either reason or justice. It is not in fact arguments that are wanted to convince or to convict these men of their errors; it is laws, or some general regulations for the government of the profession, that alone are wanted, and will avail in restricting the usurpations and correcting the corruptions of this faction. They know, just as well as others, that what they dignify with the name of "practical knowledge," is no knowledge at all—is sheer ignorance; that whatever is true or intelligible in medical science comes under the ban of what they call "elementary" or theoretical information; and that the number of "false facts" upon a pretended knowledge of which they lay so much stress, are to "false theories" in the proportion of ten thousand to one, or, rather, they exist in an indefinite proportion to each other. The species of knowledge which

these men pretend to prize in such men as Mr. Cusack and Mr. Colles may be called "dogmatism," "empiricism," "observation," "fiction," "quackery," "astrology," "witchcraft"—anything in short out of the thousand appellations of human imposture and ignorance; but let us no longer be calling that practical or useful science, about the nature of a single particle of which these very men could not give the slightest explanation or information. It is not in fact about what is or is not useful and scientific that these men are thinking; all they want, as has been shown in the preceding observations, is to secure to themselves those situations in the College, which are best calculated to give them an opportunity of trading on this very ignorance and the public credulity, which they so much value and so desire to perpetuate.

THE JACKSONIAN PRIZE.

To the Editor of The Lancet.

Sir,—Many years ago I was lucky enough to obtain a Jacksonian prize at the College of Surgeons, and about that period, or shortly after, Colonel Jackson the founder of it died, insolvent. I have always understood that the fund from which the prize was derived was 200*l.* in the five per cents, producing ten pounds per annum. At all events I received with the vellum certificate a ten-pound note. I would therefore advise the gentleman who received the 4*l.* 19*s.* as his prize in 1831 to make some inquiries as to the deficiency.

Poor Jackson's history is well known to the people at the College; he was an apprentice of one of their people, married a woman of fortune, and never thought his name would be coupled with a prize of four pounds nineteen! I am sir, yours obediently,

A Jacksonian Prize Essayist.

June 15th, 1835.

*** Our correspondent is right about the amount of the fund, but we are puzzled to know how the payments from it are arranged; for, on examining the accounts of the College for 1832, we find the sum of 29*l.* 19*s.* set down amongst the disbursements, under the head of "Jacksonian Prize," and in 1833 the sum paid was 17*l.* 3*s.* 6*d.* As we do not find a single item of expenditure in the whole of the three years accounts which can be said to have had its origin in a spirit of liberality, or to have been a voluntary offer to science, we cannot suppose that the surplus over 10*l.* in either case was a munificent gift of the Council. Doubtless the 4*l.* 19*s.* is "all right," and squares with other payments, to the average of 10*l.* a year. Probably the Council serve the Jacksonian income as the Irishman did his small blanket in cold weather. When from its position on the bed the rug was too short to cover his head, he cut off a piece from the bottom and sewed it along the top, and when the exposure made his feet cold, he transferred a piece from the edge above to the edge below. Doubtless, as we said before, the account is "all right."

By-the-by with regard to the gift of Colonel Jackson (who was first an apprentice of Mr. Cline, then married the daughter of a wealthy shipbroker at Wapping, whose name he assumed, and freed himself from the profession, then obtained rank in the Tower Hamlets militia, and finally brought a very gay life to a very usual end) we wonder whether this sacrifice to the manes of a deserted profession (obtained most likely by Mr. Cline) ranks amongst those events by means of which (as an ex-president informed the Parliamentary Committee) the Council of the College in Lincoln's-inn-fields had "raised English surgery to a higher pitch of perfection than the science had obtained in any other country in Europe."

MALTREATMENT OF THE SICK.

From amongst numerous instances of maltreatment of patients which have been forwarded to us lately in evidence of the want of reform in the legal institutions of medicine, we select a few which appear to us, amongst the rest, to be founded in facts which can be substantiated. As our correspondents truly observe, change is indeed needed in the government of a profession, the ruling authorities of which can either send forth such grossly ignorant and unqualified persons as are here described, with licenses or diplomas in testimony of their ability to practise medicine; or can suffer, unmoved, such shameless empirics to traffic in the lives of their fellow creatures. However, a day of reckoning is at hand which will prove a day of thorough reform. We omit from the following statements all mention of names, because their insertion will not increase the portion of good which, in these particular cases, may be effected without individualizing parties and places. One correspondent thus describes his case:—

"Mrs. U— had a tedious labour, during which her "medical" attendant deemed it necessary to use the forceps. The patient states that the surgeon *used the instruments repeatedly, and for the space of four or five hours, without forwarding the labour in any way whatever.* After this he said that he required to see another patient, and therefore sent for a neighbouring practitioner. The latter, who is known to be an expert accoucheur, applied the forceps and delivered the woman in a quarter of an hour. By this time great tumefaction of the external parts of generation existed; the woman's strength was exhausted, and the child was dead and much mangled by the instruments. On the day after delivery a slough was discharged *per vaginam*, and vesico-vaginal fistula is now established. The writer of this had an opportunity of examining this case. A transverse hole was discovered at the lower part of the bladder, through which the inner lining of the bladder, to a considerable extent, prolapsed. The hole was as long and broad as the little-finger placed transversely. One of the ureters was completely divided. Sponge pessaries &c. were used, and various injections were employed, without service. This unfortunate woman went to Edinburgh, and had a very clumsy instrument constructed for receiving the urine, which kept the parts around in continual irritation. No hope can now be entertained of improvement in this case. The general health is much affected.

"M— I— had a smart attack of small-pox, and was attended by the same individual who unsuccessfully used the forceps in the foregoing case. For a fortnight this girl was treated for small-pox;* but she seemed daily dying. At this extremity another surgeon was called in, who declared, along with his coadjutor, that the patient was *in articulo mortis*. The friends of the patient, however, at this the eleventh hour, began to doubt the wisdom of the attendants, and sent for a third gentleman, who, when he arrived, found the woman in labour. The two gentlemen first called in *mistook the presentation of the membranes at the orificium vaginæ for the bladder*, and doggedly asserted that the bladder could make this appearance, and that it really was that organ. Moreover they asserted that the bladder was enormously distended by wind and water, and they determined to pierce it with a trocar. The surgeon who was last called in denied the possibility of the bladder being found there, introduced his hand, ruptured the membranes, and presented to the astounded onlookers a child, which, however, was dead, and from the history of the previous treatment, it will not be wondered at that the patient herself died a few hours afterwards.

"These two cases are instances of the fearful ignorance which belongs to some persons who are acting as practitioners in the country villages of Scotland. They call loudly indeed for medical reform. There is equal necessity for good practitioners in the country as in town. He is a more dangerous man who walks at large, armed with his case of instruments and knives, in the name of the *ars medica*, than any insane man with a sword. Accidents are as liable to happen in the interior of the country as in the midst of town. Carts run over, horses plunge, mill-wheels break, railways pulverize, and his Majesty's mail is as rampantly furious, in the provinces as in the cities. Yet such instances of want of professional knowledge and skill as I have mentioned are exceedingly common amongst us."

Another correspondent thus briefly illustrates his arguments in favour of medical reform:—

"I was lately called to the female patient of a person who is acting as a regular practitioner, who reported her to be labouring under typhus fever, though I found her simply labouring under a suppression of urine, which was readily and quickly removed by the occasional introduction of the catheter and other suitable remedial measures.—In another case, one of phlegmasia dolens, I was called to the patient after she had been under the care of the same party for five weeks. He had the patient lying on a settee or sofa in the house, each of her legs being swelled to the utmost degree. Although I found that the inflammation and sympathetic fever were at their *acmé*, yet I could not learn that he had done anything more towards their removal beyond that of giving to the patient some dose of medicine, and applying cold lotions to the limbs, he having entirely overlooked, or being perfectly ignorant of, the necessity for any prompt constitutional treatment. In fact, he was merely treating the case as a common inflammation of the extremities, without directing any constitutional remedies! The patient was afterwards four weeks under my own constant treatment before I could restore her to a state of convalescence."

* She was affected with dysentery at the same time, which was neglected, and very likely was the cause of death.

FORMATION OF A MEDICAL ASSOCIATION IN BUCKINGHAMSHIRE.

To the Editor.—Sir,—I have to inform you that at a very numerous meeting of medical practitioners at Buckinghamshire, and of several of the adjoining counties, assembled at Aylesbury on the 28th of May, for the purpose of considering the degrading impositions practised on the profession under the auspices of the Poor-Law Commissioners, and to devise the means of redress, it was resolved to form a "Buckinghamshire Medical Association," with a view to uphold the respectability and promote the general interests of the profession; and that a Committee should be appointed to collect information as the groundwork of a petition to both Houses of Parliament, on the subject of the grievances arising out of the medical arrangements of the Poor-Law Administrators, and as the basis of a memorial to the Commissioners. It was also resolved to establish a correspondence with other Associations formed for the same purpose. —I have the honour to be, sir, your obedient servant,

Robert Ceely, Hon. Secretary.

Aylesbury, June 15th, 1835.

MR. LANE AND SIR BENJAMIN BRODIE.

To the Editor of The Lancet.

Sir,—In consequence of certain calumnious statements which appeared in the Medical Gazette of last week in which my name has been studiously implicated with some anonymous communications relating to the affairs of *St. George's Hospital*, and published at various times in the Lancet, may I request, as bearing directly on this subject, the insertion of the inclosed correspondence between Sir Benjamin Brodie and myself, and that you will further allow me this opportunity of repeating my assertion, that I have never written, or been privy to, any anonymous communication whatever in The Lancet or in any other journal? I am, Sir, your obedient humble servant, Samuel Lane.

June 16th, 1835;
1, Grosvenor-place.

"*To Sir B. Brodie, Bart., Saville-row.*

"Sir,—Having been informed that you were under the impression that I had circulated statements which were false, and which were detrimental to your character, I waited on you on Thursday, the 2nd instant, for the purpose of removing such impressions. I then declared to you, as I do now, that I had no participation, directly or indirectly, in any such statements, or in the appearance of any anonymous letters or communications in any journal at any period whatever; and that I had no knowledge whatever of the authors of any one of them, either before or after their publication, and you avowed your disbelief that I had any participation in them. With this assurance, Sir, as far as you are concerned, I should have been perfectly satisfied; but I find that the reports by which you were misled have reached others, and that they are still circulating, to the serious injury of my character and present professional views, and this with some for whose opinion I have the highest regard. I trust, Sir, you will see that I should be wanting in respect to myself did I not request an early disavowal from you in writing of your belief in such reports; and I should feel further obliged if you would refer me to the authors of these aspersions by which you and others have been misled; but if you think right to decline granting this part of my request, I feel assured you will do me the justice to make such persons acquainted with my disavowal and your entire disbelief of their unfounded calumnies. I have the honour to be, Sir, your obedient humble servant,

"Samuel Lane.

"1, Grosvenor-place, Oct. 4th, 1834."

"*To S. Lane, Esq., No. 1, Grosvenor-place.*

"Dear Sir,—From what you said to me on Thursday last, I am satisfied that certain absurd and calumnious statements respecting some of my friends and myself, which have appeared of late in a periodical publication (or rather which I understand so to have appeared, as I have never read nor even seen them), were not put forth either by yourself or with your concurrence and approbation. I have already thought it but fair to you to express thus much to some of my friends. Beyond this, I do not see that I can do anything towards contradicting the reports to which you allude. I have never been concerned in propagating them; and indeed, to the very best of my recollection, I have never said so much on the subject as I said to Dr. Wilson and yourself a few days ago, to any other individual.

"Neither can I refer you to the real authors of these reports; and I much doubt whether it would be possible to trace them to any particular person. Certainly my own notions were founded, not on any specific piece of information which I had received, but on the con-

sideration of various circumstances, which, viewed in combination with each other, seemed to me to lead to the conclusion that in all probability the statements in question had been furnished, if not by yourself, by some of your friends and connexions.—I am, dear sir, your obedient servant,

"B. C. BRODIE.

"14, Saville-row, Oct. 5th, 1834."

*** The little "eminent" must be a very sagacious man to discover the author of reports which he had never read or seen. His sagacity, however, forsook him, when he confessed that "his notions respecting the authorship were founded "*not on any specific piece of information* "*which he had received*, but on the consideration of various circumstances which "he had viewed in combination with each "other,"—which circumstances no person possessing less sagacity could have viewed at all, except where they were really to be studied,—namely, in the pages of the medical journals.

NORTH LONDON HOSPITAL.

ERYSIPELAS, WITH SLOUGHING OF THE SCROTUM.—INCISIONS.—CURE.

SIMON HILL, of spare habit, labourer, was admitted May 19, under Mr. LISTON, with an abscess at the knee-joint. Incisions were made into it on each side of the patella, and a considerable quantity of purulent matter was evacuated. On the 27th the knee was in so favourable a state that the man was to have been discharged in a day or two, when towards the evening of that day he complained for the first time of slight pain and swelling in the groin, and on examination a small fistulous opening was discovered surrounded by a blush of inflammation. The patient says that the opening has existed for some time. ℞ *Pil. Colocynth. Comp.* gr. iij, statim.

28. This morning some rigors have taken place. The bowels were not freely opened by the medicine; skin rather hot; tongue slightly furred; the erysipelatous redness is extending over the groin and upper part of the right thigh, passing downwards to the scrotum.

℞ *Calomel.* gr. v; *Jalapæ Pulv.* ℈j, statim. Haust. cath. horas iij post pulv.

℞ *Vin. Antim. Tart.* ℥j; *Sol. Muriat. Morphiæ* ℈iss; *Aq.* ℥viij. Ft. mist., ℥j 2nd quaq. hora.

29. Much swelling of the scrotum generally, with discoloration at the most depending part; cellular tissue of the prepuce much infiltrated; tongue brown and dry; pulse 120, of pretty good strength; skin hot; bowels freely opened by the medicine; he complains of slight tenderness in the epigastrium. A free incision was now made in the lower part of the scrotum near the raphe; the cellular tissue was found in a state of gangrene. A small vessel was divided at the lower part of the incision, when it had reached the living parts, and about ℥xv of blood were allowed to escape. It was then secured by a ligature. Fomentations were ordered to the groin, poultices were applied to the scrotum, and twelve leeches were directed to the epigastrium. The antimonial medicine to be continued.

June 14. He has been gradually improving since the last report; healthy granulations have appeared along the whole surface of the wound, which is nearly healed. His bowels were kept open, and tonics given after the febrile excitement had subsided. The warm-water dressing was the only local application.

Mr. LISTON remarked on the case that he had seen a considerable number of cases of sloughing of the scrotum arising from erysipelas; he had once as many as five cases under his care at one time. He had always adopted the same treatment with success, except in one case in which the constitution of the patient was very much debilitated, and the disease had advanced to a considerable extent before it had come under his care. He also noticed how easily even a man of experience might mistake this disease for an infiltration of urine.

LITHOTOMY.

On Saturday last the theatre was crowded by pupils and practitioners to witness the operation of lithotomy by Mr. LISTON. The bladder of the patient (John Inwards, aged 61) had formerly been examined with a view to the performance of lithotrity, but circumstances, which are not detailed in the report that has been handed to us, led to his application for relief by lithotomy. Since his admission into the hospital he has suffered considerably from the usual symptoms of calculus, and retention of urine.

Having been secured in the usual manner and the presence of the stone detected, the curved staff was introduced, and an incision made, about three inches and a half in length. The bladder was reached by the third incision. On intro-

ducing his finger, the operator found much difficulty in feeling the stone, in consequence of the unusual depth of the perineum, the great size and rigidity of the prostate, the capaciousness of the bladder, and the constant efforts of the patient to extend and adduct his limbs and to raise his pelvis. The forceps being introduced, it was found from the above causes, after frequent attempts, impossible to expand them in the wound. The incision was now enlarged in the original direction, with a blunt-pointed bistoury, and a stone was removed by the forceps, which brought away also a portion of the prostate, about the size of half a walnut, which had been detached by the bistoury; it was apparently a projecting portion of new growth, and, as the operator said, "could easily be spared, as he had abundance of the gland." On examining the bladder by the searcher, another stone was detected, and after much difficulty brought down by a scoop of no ordinary length, and immediately removed by that instrument and the finger. The second stone was removed in about ten minutes from the first incision.

Mr. Liston, after referring to the difficulties which he had encountered, made some remarks on the necessity of presence of mind and decision under every accident during operations. This was a case, he said, in which he thought lithotrity would not have been attended with benefit had it been attempted, as the state of the bladder was very irritable. He did not think the patient would run any additional risk from the detachment of the small portion of the gland, the superabundance of which was probably the cause of the retention of urine. The case altogether, was one of the most troublesome he had met with. It had only happened to him in one or two cases before, that he could not reach the stone, and ascertain everything connected with it, by the finger.

17th. Going on well, the urine passing freely and clear.

COMPLICATED CUTANEOUS AFFECTION ARISING FROM THE APPLICATION OF A BLISTER.

Ann Cowtan, aged 22, was admitted in the beginning of December last, in consequence of hysteria. She had suffered from considerable pain in the right side, which was relieved by the application of a blister. She was discharged in a few weeks much relieved. On the 24th of February she again presented herself with an eruption on the chest and arms which had existed for ten days. The blister which was applied previous to her leaving the hospital about three weeks ago had never healed. The eruption presents the following characters:—The cuticle is slightly elevated for a considerable extent; after a short time it cracks, and a purulent discharge exudes from a red surface beneath, and concretes into scabs, which require some time to be thrown off. The affected parts are hot and painful, and prevent her from sleeping at night. She is feverish, and complains of a shooting pain from below the left breast, passing through to the shoulder; slight headach; catamenia present; pulse 100, weak; tongue clean; appetite good. She was bled to six ounces, and a mixture containing colchicum and magnesia was administered. The pains which affected her, when last in the hospital, are less, since the appearance of the eruption.

28. The eruption is extending. She was cupped to four ounces. Continue medicine.

March 3. The eruption is now extending over the whole surface, the pain and heat increasing. The eruption on the right arm presents somewhat the character of *psoriasis*, that on the left of *eczema*. Omit the colchicum. ℞ *Pil. Hydrarg.* gr. v, ter die. Calamine powder to be applied to the eruptions. Cupping on lumber region to ℥viij.

7. The headach is rather worse, and there is pain in the left side and chest. Bowels regular; pulse 100, weak. Linseed poultices to the eruption.

10. Mouth tender; eruption rather diminishing on left arm; the poultice has removed the greater number of the incrustations. Omit the *Pil. Hydrarg.*

12. There being much headach to-day, she was cupped to four ounces, which relieved her.

14. Large scales come off from the affected parts. *Ung. Cetacei* to the part affected.

17. Headach worse to-day, with throbbing pain and tenderness of the right side. The scales on the right arm when removed are soon supplied by others. The eruption on the breast and abdomen discharges considerably, that on arms does not. ℞ *Muriat. Morphiæ* gr. ¼ o. n.

19. The pain in the head, except those in the right side of it, are better; eruptions much the same; complains of a pain extending from the stomach to the throat. Cont. morphiæ.

21. As the pain in the right side of the head continues, give *Mur. Morphiæ* gr. ¼ bis die.

24. Head better; eruption improving. Complains of great weakness. The dose of morphia increased to half a grain.

28. Complained yesterday of nausea two

or three hours after taking the medicine; the nausea is quite gone to-day, but she is rather giddy. Omit morphia.

℞ *Ferri Carbon.* ʒj ter die.

31. Increase dose to two drachms.

April 14. Eruption nearly gone; the sight of the left eye is affected, and there is pain in the forehead on that side. Blisters to temple and behind the ear.

On the 18th small doses of strychnine in one-twelfth-grain doses were administered, and this in a few days completely relieved the amaurotic affection. She then gradually improved in her general health until the 30th of May, when she was discharged cured.

Dr. ELLIOTSON remarked on this case that it was interesting on account of the eruption resulting from so singular a cause, and from its complicated nature. There was no question that the girl was in a most irritable state of health previous to the application of the blister, or it never would have produced such effects. He hardly knew how to designate the disease. BATEMAN would have called it "psoriasis inveterata;" but it could not be said to be inveterate, as it had existed so short a time, and so soon yielded to the remedies applied. It partook of the character of psorinasis, impetigo, and eczema; perhaps it might be named "psoriasis eczematodes."

CHRONIC GLANDERS, TREATED WITH CREOSOTE.—Thomas Gue, aged 50, was admitted, April 30, under the care of Dr. ELLIOTSON. He had been a sailor during the greater part of his life, but has lately followed the occupation of a groom. About two months since, his master having a glandered horse, he administered medicine to the animal and washed its mouth; he also cleaned the nose with a sponge and warm water. He does not remember that any portion of his hands were abraded of cuticle, but he had an open sore on his lips, the consequence of a blow from a hammer. The horse occasionally sneezed in his face, which he wiped with the same cloth that he had used for the horse's mouth and face.

About three weeks ago he was attacked with the following symptoms: a dull aching pain across the brows and in the eyeballs; his nose felt stuffed, and there was a considerable discharge of a thick, yellow, offensive matter from one of the nostrils. He had also a cough, and expectorated matter of a similar character to that discharged from the nose. His health had not been disturbed until about two days since, when he lost his appetite and was seized with a pain in the epigastric region. Previous to his admission to the hospital he had been under the care of a surgeon who had given him an injection for the nostril, composed of creosote one grain to one ounce of water. The discharge abated in quantity under this application, and its offensiveness was entirely removed.

May 1. The symptoms are much the same as they were three weeks since, except that the discharge has become thinner and of a lighter colour, and there is a soreness and smarting of the nostrils, with frequent inclination to sneeze; his feces are of a colour similar to that of the discharge. Continue the injection.

5. Improving, the discharge less, the motions darker; he complains however of a slight soreness of the throat. Increase the creosote to two grains in one ounce of water.

7. Complains of the injection being too strong. To be applied of the original strength.

12. Has been gradually improving since last report; the discharge has ceased, the motions are natural, and he left the hospital to-day quite well.

Dr Elliotson, in making some remarks on this case, said, he was induced to consider it to be a case of glanders of the chronic kind, from the man's master, who had been subject to contagion from the same horse, having been under his care. He tried the same medicine in both cases, but gave it to the master internally in addition to the injection, and he is now quite well. Dr. E. had never seen a case of the chronic form of this disease before; two or three cases of the acute kind had come under his care at *St. Thomas's Hospital*, but they had no remedy for it; gangrene supervened in a few hours after suppuration. He thought that creosote might be employed with advantage in other local affections attended with offensive discharges.

ST. GEORGE'S HOSPITAL.

OSTEO-SARCOMA OF THE LOWER JAW.—OPERATION.

ANN BROOKES, ætat. 31, was admitted into the hospital May 13th, under the care of Mr. Walker. On examining the case, there was discovered to be an osteo-sarcomatous tumour of the left ramus of the lower jaw, extending from the symphysis to the angle, occupying the situation of the alveolar processes, and forming a considerable tumour, in the midst of which

were the stumps of several decayed teeth. It appears from her history, that the disease made its appearance about sixteen years since, after she had suffered very severely for a long time with pain in the part, for the relief of which several teeth were extracted, but only with temporary benefit. The whole of her teeth are very much decayed, and have been so ever since she was a child. The pain of the teeth ceased, however, as soon as the tumour began to appear. It grew very slowly for some years, until after her last confinement, about one year and a half ago, since which time it has increased rapidly. She has never had any advice for it until the present time. She was ordered fever diet and some saline medicines, with occasional purgatives to keep the bowels open.

Finding the case to be one of a very malignant character, Mr. WALKER determined upon an operation, which was performed on the 28th, when the surgeon previously remarked that the cause of the disease appeared to be limited to the vascular lining of the alveolar fossæ, but that the operation which he intended to perform would enable him to remove a segment of the jaw, provided he found the disease so extensive as to render such a step requisite. He added that he feared the operation would be very tedious and painful to the patient from the want of an instrument (a modification of Mr. LISTON'S bone forceps), which he had intended to use in the division of the bone.

The operation having been performed, he said that he believed that the opinion he had formed, that the disease was confined to the investing membrane of the alveolar fossæ was correct. The structure of the bone at the section appeared to be perfectly natural and healthy; but had the medullary membrane lining the cancellous structure been found to be affected by the disease, the removal of a vertical segment, instead of a horizontal section of the bone, could readily have been accomplished. He deemed it requisite to be prepared for such an emergency, although he was anxious, for the future comfort of the patient, to leave the horse-shoe figure of the arch of the jaw-bone uninterfered with. The steps of the operation were as follows:—

A straight bistoury was passed through the integuments about half an inch above the angle of the jaw, and close upon the anterior margin of the masseter muscle. The incision was carried downward and parallel with the base of the ramus to a little beyond the symphysis; it was then turned upwards, and carried nearly to the corner of the mouth, leaving the lip undivided. A convenient flap was easily made by the division of the lining membrane of the mouth, which exposed the whole portion of bone that was to be removed. The saw was then applied, and the bone divided to a little below the apices of the sockets of the teeth before and behind the tumour, and a horizontal section was made through the outer table of the bone, to meet as nearly as possible the two vertical saw cuts. A circular bone-nipper was then applied, and the separation of the whole mass of the tumour was easily effected. It afterwards proved to be expedient to remove the dens sapientiæ of the same side with its process, and apply the actual cautery to what appeared to be a fungous growth, from the spongy structure of the parts below. There were a few vessels secured, after which the edge of the flap was brought into even contact with the opposed parts by means of a few single sutures, and the woman was sent to bed.

Mr. KEATE assisted at the operation. The woman has done well since the operation.

MEETING OF GOVERNORS 12TH OF JUNE.

Lord WILLOUGHBY took the Chair, when the discussion of the new laws was resumed, and Dr. MACLEOD proceeded to elucidate the meaning of his amendment to clause 13, which had been obscurely worded and was not understood by the governors. He now proposed to retain some words which he had before struck out, and to erase other words which he had previously inserted, and so on, as bunglers with the pen usually do when trimming their ideas into shape. His emendations would, he said, render the law to expel governors perfect. Some governor called him to order in the course of his speech, and another governor means to propose a law that no medical officer be allowed to snap off any governor's nose for requesting the medical officer to amend a portion of the nonsense in his legislative suggestions. Such a law has been rendered conspicuously necessary by the sudden removal of the nasal prominence of a young medical gentleman at the meeting, by the worthy doctor. The disfigurement, however, was patiently borne. Without wasting space in details it may just be stated that the meeting progressed as far as page 14 of the book of laws, and ended with clause 15, relating to the weekly board. As at the preceding meeting, so at this one, every clause was altered before being carried, in one way or other. Sir Benjamin and Dr. Chambers looked in in the course of the day to see that their

forces were properly mustered, but retired without entertaining the assembly with a speech. Some persons complained that the meeting was rather dull, but towards the close the monotony was relieved by an altercation between Mr. Benjamin Bond Cabbell and a governor who considered that the language and manner of the learned advocate were rather more dictatorial than became anybody but Dr. Roderick. The meeting was adjourned to Friday the 19th instant.

CORRESPONDENTS

We have this week received a paper entitled "List of the Majority who vote on all Questions debated at St. George's Hospital as Sir Benjamin Brodie desires, and who invariably attend meetings of emergency." It contains a list of thirty-one names, divided into "Medical Officers of the Hospital," "Embryo Lecturers at Sir B. Brodie's School," "Candidates for future Office at the Hospital," "Friends and Relations," and "Non-medical Men." We refrain, however, from giving insertion to the document (which is designed to show that the majority of the *active* governors are not more disinterested in their proceedings than they should be) for two reasons:—First, because some of the parties mentioned in it would be proud to see their names in print at any loss of reputation, and therefore ought to be spared the gratification of their ignoble ambition; and, secondly, because we believe that others do not deserve the character ascribed to them in the document. It is impossible, for instance, that Dr. James Johnson could lend himself to the passing of a law for the exclusion of medical practitioners from the hospital, if they visit the institution to gain professional information, without having paid fees as students, besides the subscription of a governor. This gentleman must surely be amongst the foremost to vote against so iniquitous a proposition, from whatever party it may come, or in whatever quarter it may be made. It may be quite in accordance with the selfish views of such men as Messrs. Fuller, Nussey, and Tegart, who attend the hospital in the extraordinary characters of "visiting apothecaries," to exclude professional men from the opportunity of seeing the patients of a public charity; but Dr. Johnson and Dr. Somerville for instance, would consider themselves to be grossly libelled were we to place their names in our pages amongst the six-and-thirty who are described in the paper that has reached us.

By way of reply to another correspondent, we may take this opportunity of saying that we know the objects of all parties concerned in the questions under discussion at *St. George's Hospital*, and value at their exact worth the professions of every "reformer" and every "anti-reformer" in that neighbourhood. The efforts of an independent press must be exerted for the public, the patients, and the profession, whose interests are one and undivided. The motto of party is "Self." At the same time we cannot but laugh at the impotent attempt which our correspondent says that somebody (if not Dr. Seymour) is making to persuade the independent governors that party feelings are the sole source of an opposition to that monopoly which the most notorious of the proposed new laws of the hospital so undisguisedly tend to uphold.

METEOROLOGICAL REPORT.

(*Extract from a Meteorological Journal kept at High Wycombe.*

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.		Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dcls.		
June 8	73.25	48.50	29.88	29.86			S.	Fine; but threatening.
9	79.	47.50	29.98	29.92	0.2625		N.	Fine morn.; stormy even.
10	78.75	51.25	30.07	30.01	—		S.E.	Very fine.
11	83.	52.25	30.13	30.10	—		N.	Very fine.
12	81.	53.	30.12	30.09	—		N.	Very fine.
13	68.50	44.	30.08	30.04	—		N.	Very fine.
14	70.50	51.	29.98	29.94	—		N.	Very fine.